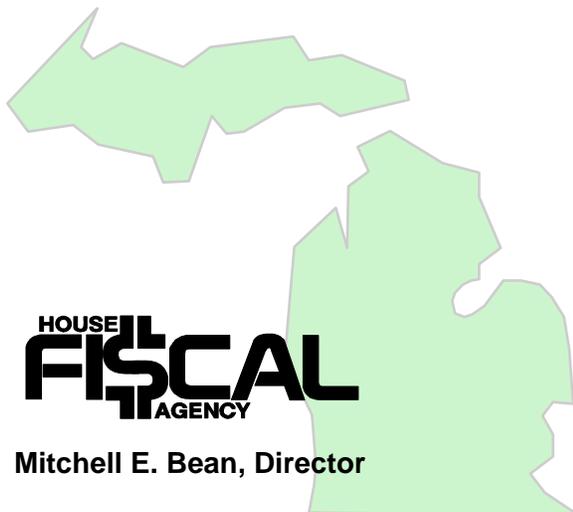


LINE ITEM AND BOILERPLATE SUMMARY

COMMUNITY HEALTH

Fiscal Year 2006-07
Public Act 330 of 2006
Senate Bill 1083

As Enacted



Mitchell E. Bean, Director

September 2006

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September 2006

TO: Members of the Michigan House of Representatives

The House Fiscal Agency has prepared a **Line Item Summary** for each of the FY 2006-07 appropriation acts. Each **Summary** contains line-by-line detail, including the amount and purpose of each appropriation line and information regarding related boilerplate sections, for a specific appropriation act. Following the line item detail, a brief explanation of each boilerplate section in the appropriation bill is provided.

In this report, line item vetoes are presented in the following manner: appropriation amounts shown in ~~strikeout~~ are those that appear in the enrolled bill; amounts shown directly below ~~strikeout~~ amounts reflect the effect of the veto.

Line Item Summaries are available on the HFA website (www.house.mi.gov/hfa), or from Jeanne Dee, Administrative Assistant (373-8080 or jdee@house.mi.gov).

A handwritten signature in black ink that reads "Mitchell E. Bean".

Mitchell E. Bean, Director

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GLOSSARY: State Budget Terms

STATE BUDGET TERMS

Gross Appropriations (Gross): The total of all applicable appropriations (statutory spending authorizations) in a budget bill.

Adjusted Gross Appropriations (Adjusted Gross): The net amount of all gross appropriations after subtracting interdepartmental grants (IDGs) and intradepartmental transfers (IDTs).

Lapses: Appropriation amounts that are unspent/unobligated at the end of a fiscal year. Appropriations are automatically terminated at the end of a fiscal year unless otherwise provided by law.

Work Project: A statutorily-authorized account which allows a spending authorization to be carried over from one fiscal year to a succeeding fiscal year or years— i.e., allows funds to be spent over a period of years.

APPROPRIATION BILL TERMS

Line Item: Specific funding amount in an appropriation bill which establishes spending authorization for a particular program or function (may be for a single purpose or for multiple purposes).

Boilerplate: Specific language sections in an appropriation bill which direct, limit or restrict line item expenditures, express legislative intent, and/or require reports.

REVENUE SOURCES

General Fund/General Purpose (GF/GP): Unrestricted General Fund revenue available to fund any activity accounted for in the General Fund; unused GF/GP revenue lapses to the General Fund at the end of a fiscal year.

State Restricted (Restricted): State revenue restricted by state law or outside restriction that is available only for specified purposes; at year-end, unused restricted revenue remains in the restricted fund.

Federal Revenue: Federal grant or matchable revenue dedicated to specific programs.

Local Revenue: Revenue from local units of government.

Private Revenue: Revenue from non-government entities: rents, royalties or interest payments, payments from hospitals or individuals, and gifts and bequests.

Interdepartmental Grant (IDG): Revenue or funds received by one state department from another state department (usually for a service provided by the receiving department).

Intradepartmental Transfer (IDT): Transfers or funds being provided from one appropriation unit to another in the same department.

MAJOR STATE FUNDS

Budget Stabilization Fund (BSF): The countercyclical economic and budget stabilization fund; also known as the "rainy day" fund.

School Aid Fund (SAF): A restricted fund; the primary funding source for K-12 schools and Intermediate School Districts (ISDs).

General Fund: The General Fund (funded from taxes and other general revenue) is used to account for the ordinary operations of a governmental unit that are not accounted for in another fund.

DEPARTMENT OF COMMUNITY HEALTH

The Department of Community Health (DCH) is responsible for the development of health policy and the management of Michigan's publicly-funded health care systems. The Department, established by Executive Order in 1996, consolidated the former Departments of Mental Health and Public Health with Medicaid and the Office of Drug Control Policy. In 1997, the Adult Home Help Program, and the Social Services to the Physically Disabled Program were brought into the Department from the Family Independence Agency. The Office of Services to the Aging and the Crime Victim Services Commission were transferred from the Department of Management and Budget to Community Health in 1997. The Bureaus of Health Services and Health Systems were transferred from the former Consumer and Industry Services (Labor and Economic Growth) in 2003.

The Department's mission for the public mental health system is to serve citizens by diminishing the impact and incidence of developmental disability, emotional disturbance, and mental illness.

With respect to substance abuse treatment and prevention activities, the Department's mission is to promote the health and welfare of individuals through the reduction of substance abuse, and to participate in efforts to address its social, personal, and economic consequences.

The mission of the Public Health Administration is to protect and promote the public health. The Department's commitment is to prevent and control infectious and chronic disease, injury, and environmental health hazards, and to reduce and eliminate health disparities in vulnerable populations.

The Bureaus of Health Systems and Health Professions seek to protect the health, safety, and welfare of Michigan's citizens through development and maintenance of safe and accessible health care services through health care facilities, development of appropriate regulatory practices, and implementation and enforcement of laws involving licensing and regulation of health professionals.

The Department's Medical Services unit provides health care coverage for low income persons throughout the state who meet the eligibility requirements for Medicaid, MICHild, Elder Prescription Insurance Coverage, and indigent care programs.

The mission of the Office of Drug Control Policy is to reduce the abuse of alcohol, drugs, and other substances and related criminal activity and violence through collaborative prevention, education, treatment, and law enforcement programs and grants.

The mission of the Office of Services to the Aging is to promote independence and enhance the dignity of Michigan's older persons and their families through supportive programs, services, policies and advocacy.

The Crime Victim Services Commission's mission is to protect and enhance the health, safety, dignity and rights of victims of crime through programs and grants for services, support and victim compensation.

Full-time equated unclassified positions	6.0	Full-time equated (FTE) positions not in the state classified service
Full-time equated classified positions	4,658.1	Full-time equated (FTE) positions in the state classified service
Average population	1,109.0	Average number of patients at four state-operated psychiatric hospitals, one center for persons with developmental disabilities and severe mental illness, and the Forensic Center
GROSS APPROPRIATION	\$11,196,157,400	Total of all applicable line item appropriations
Total interdepartmental grants/intrdepartmental transfers	37,286,100	Total of all funds received from other departments and transfer of funds

ADJUSTED GROSS APPROPRIATION	\$11,158,871,300	Total net amount of all line item gross appropriations less (or minus) interdepartmental grants (IDGs) and intradepartmental transfers (IDTs)
Total federal revenue	6,042,584,700	Total federal grant or matchable revenue
Total local revenue	241,177,400	Total revenue from local units of government
Total private revenue	63,826,900	Total private grant revenue
Merit Award Trust Fund	175,800,000	Total Merit Award Trust Fund revenue from the 1998 master settlement agreement with tobacco companies
Total state restricted revenue	1,695,399,600	State revenue dedicated to a specific fund (other than the General Fund); or revenue earmarked for a specific purpose
GENERAL FUND/ GENERAL PURPOSE	\$2,940,082,700	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 102: DEPARTMENTWIDE ADMINISTRATION

This appropriation unit contains funding for the centralized administrative functions of the Department of Community Health and the Developmental Disabilities Council.

Full-time equated unclassified positions	6.0	Full-time equated (FTE) positions not in the state classified service
Full-time equated classified positions	208.0	Full-time equated (FTE) positions in the state classified service
Director and other unclassified – 6.0 FTE positions	\$581,500	Salaries of Director and five other unclassified positions; does not include fringe benefits Funding Source(s): GF/GP 581,500 <i>Related Boilerplate Section(s): None</i>
Community health advisory council	7,000	Miscellaneous expenses associated with 15-member advisory council created by to EO 1997-4 to advise Director of DCH on developing/implementing community health policies and services Funding Source(s): GF/GP 7,000 <i>Related Boilerplate Section(s): None</i>
Departmental administration and management – 198.0 FTE positions	22,489,900	Funds administrative staff carrying out powers and duties of DCH which includes: FTEs in Bureau of Budget and Audit, Bureau of Finance, Bureau of Human Resources, Communications, Training and Performance Support Division, and Office Services and Space/Property Management Division; funds miscellaneous contracts and fringe benefits for unclassified positions Funding Source(s): Federal 6,776,600 Restricted 2,536,700 GF/GP 13,176,600 <i>Related Boilerplate Section(s): None</i>
Worker's compensation program	10,600,000	Central funding source for worker's compensation claims against DCH; funds wage/salary and related fringe benefits for employees who return to work under limited duty assignments Funding Source(s): Restricted 16,000 GF/GP 10,584,000 <i>Related Boilerplate Section(s): 301</i>
Human resources optimization user charges	277,600	New line item created to better reflect actual work done by the Human Resources Call Center within the Department of Civil Service on behalf of employees of DCH Funding Source(s): GF/GP 277,600 <i>Related Boilerplate Section(s): None</i>

Rent and building occupancy	10,877,700	Payments for rental space in privately-owned buildings statewide (includes buildings formerly under jurisdiction of Department of Public Health, the Chandler Building, and Capitol View Building); payments to DMB for rent, security, and operating costs of state-owned buildings
		Funding Source(s):
		Federal 2,193,400
		Private 35,900
		Restricted 935,700
		GF/GP 7,712,700
		<i>Related Boilerplate Section(s): None</i>
Developmental disabilities council and projects – 10.0 FTE positions	2,724,000	21- member Council recreated within DCH pursuant to EO 2006-12 and required by federal law; funded with federal funds and 25% match at local level; Council charged with advocating/conducting projects on behalf of persons with developmental disabilities, and developing/implementing the State Developmental Disabilities Plan
		Funding Source(s):
		Federal 2,724,000
		<i>Related Boilerplate Section(s): None</i>
GROSS APPROPRIATION	\$47,557,700	Total of all applicable line item appropriations
Total federal revenue	11,694,000	Includes Medicaid (Title XIX), random moment sampling cost revenue, substance abuse block grant, maternal and child health block grant, developmental disability grant, immunization grant, and Women, Infants, and Children (WIC) revenue
Total private revenue	35,900	Realized from parking fees
Total state restricted revenue	3,488,400	Includes Michigan Health Initiative Fund revenue, newborn screening fees, Health Professional Regulatory Fund revenue, health system fees and collections, and certificate of need (CON) fees
GENERAL FUND/ GENERAL PURPOSE	\$32,339,400	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 103: MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS

This appropriation unit contains funding for administration of mental health and substance abuse services and several mental health and substance abuse programs. Also funds Protection and Advocacy Services, an agency designated by the Governor which is independent of the public mental health system.

Full-time equated classified positions	113.0	Full-time equated (FTE) positions in the state classified service
Mental health/substance abuse program administration – 112.0 FTE positions	\$12,507,600	<p>Funds staff administering mental health/substance abuse programs for DCH; finance contracts related to mental health/substance abuse program administration; private funds to evaluate Assertive Community Treatment (ACT) services/outcomes for persons with serious mental illness and access relationship of ACT program practices to consumer outcomes ; federal funds support administrative costs related to federal state incentive program grant, promote community-based systems of care and substance abuse data development, assist state in preventing/reducing underage drinking, strengthen the substance abuse delivery system, and coordination of mental health, public health, and children's special health care services</p> <p style="text-align: right;">Funding Source(s): Federal 3,203,700 Private 190,000 GF/GP 9,113,900</p> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>
Consumer involvement program	189,100	<p>Assist consumer participation/leadership in Department policy/planning forums; provide assistance for consumer self-help groups through Justice in Mental Health Organization, phone hotline, and National Schizophrenics Foundation</p> <p style="text-align: right;">Funding Source(s): GF/GP 189,100</p> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>
Gambling addiction – 1.0 FTE position	3,500,000	<p>Education/prevention/research/treatment services related to pathological gambling addictions; toll-free compulsive gambler help-line number; funds FTE who is liaison to Lottery Bureau and develops policies for treatment of persons with gambling addictions</p> <p style="text-align: right;">Funding Source(s): Restricted 3,500,000</p> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>
Protection and advocacy services support	777,400	<p>Agency, designated by the Governor, with authority to pursue legal, administrative, and other appropriate remedies to protect rights of persons with mental illness and developmental disabilities, and investigate allegations of abuse or neglect of persons with mental illness and developmental disabilities</p> <p style="text-align: right;">Funding Source(s): GF/GP 777,400</p> <p style="text-align: right;"><i>Related Boilerplate Section(s): 350</i></p>

Mental health initiatives for older persons	1,291,200	Program provides respite and day care services and training to home health care providers/caregivers in the nature/progression of Alzheimer's disease and related disorders; new federal grant promotes a collaborative approach on developing community models of support for persons with Alzheimer's disease	Funding Source(s):	Federal	242,000
				GF/GP	1,049,200
		<i>Related Boilerplate Section(s): None</i>			
Community residential and support services	2,906,800	Primarily used to finance community residential leases under responsibility of DCH	Funding Source(s):	Federal	300,000
				GF/GP	2,606,800
		<i>Related Boilerplate Section(s): None</i>			
Highway safety projects	400,000	Combined with funds from Department of State Police/Office of Highway Safety Planning to develop/distribute pamphlets, brochures, videos, and public service announcements promoting substance abuse prevention and highway safety	Funding Source(s):	Federal	400,000
		<i>Related Boilerplate Section(s): None</i>			
Federal and other special projects	1,902,200	Grants for mental health/substance abuse treatment programs and statewide needs assessment studies; grants to establish system-wide determination options for elderly/disabled, develop strategies to make long-term care services more responsive to consumer choices, and remove systemic barriers to employment for individuals with disabilities; new grants to focus on recovery of mentally disabled persons and support creating network of aging and disabilities centers	Funding Source(s):	Federal	1,902,200
		<i>Related Boilerplate Section(s): None</i>			
Family support subsidy	19,036,000	Provide monthly payment of \$222.11 to over 6,000 income-eligible families with a child under age 18 living at home who is severely mentally impaired, severely multiply impaired, or autistic	Funding Source(s):	Federal	19,036,000
		<i>Related Boilerplate Section(s): None</i>			
Housing and support services	7,806,800	Costs and contracts for housing/rental assistance programs for persons with mental illness or disabilities who are homeless or at risk of homelessness, and housing assistance for persons living with AIDS; grant supports contracts for housing assistance to homeless persons who have co-existing disorders of a qualifying mental health disability and substance abuse	Funding Source(s):	Federal	7,101,200
				GF/GP	705,600
		<i>Related Boilerplate Section(s): None</i>			
Methamphetamine cleanup fund	175,000	New line to cover administrative costs of local governments up to \$800 per property for their methamphetamine cleanup efforts	Funding Source(s):	GF/GP	175,000
		<i>Related Boilerplate Section(s): 351</i>			
GROSS APPROPRIATION	\$50,492,100	Total of all applicable line item appropriations			

Total federal revenue	32,185,100	Includes oil/gas royalties, Medicaid (Title XIX), federal Department of Transportation highway funds, projects in assistance for transition from homelessness (PATH), temporary assistance to needy families (TANF), and the following grants: housing opportunities for persons with AIDS (HOPWA), alzheimer's disease, state incentive program, state mental health infrastructure, synectics annual award, federal Department of Education Early On, shelter care plus, Supportive Housing Program (SHP)-PATH, strategic prevention framework, mental health system transformation, Michigan aging resource center, and health systems development in child care
Total private revenue	190,000	Private funds from the Flinn Family Foundation
Total state restricted revenue	3,500,000	Includes lottery funds, horse racing revenue, and casino licensing fees
GENERAL FUND/ GENERAL PURPOSE	\$14,617,000	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 104: COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS

This appropriation unit contains funding for community mental health services programs (CMHSPs) which have been established pursuant to the Mental Health Code to provide services for persons who have a serious mental illness, developmental disability, or serious emotional disturbance. The unit also includes funding for specialty prepaid health plans (PHPs) established pursuant to the Mental Health Code and federal waiver provisions, respite services, multicultural services, federal mental health block grant, children's waiver home care program, omnibus reconciliation act implementation, civil service charges, and for coordinating agencies for a continuum of substance abuse prevention, education, and treatment programs.

Full-time equated classified positions	9.5	Full-time equated (FTE) positions in the state classified service								
Medicaid mental health services	\$1,797,294,900	<p>Medicaid managed care capitated funds for CMHSPs/specialty PHPs serving state residents; mental health services provided by CMHSP or specialty PHP, or contract with public or private agencies</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">1,013,314,900</td> </tr> <tr> <td>Restricted</td> <td style="text-align: right;">108,278,900</td> </tr> <tr> <td>Local</td> <td style="text-align: right;">26,072,100</td> </tr> <tr> <td>GF/GP</td> <td style="text-align: right;">649,629,000</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 269, 401, 402, 404, 405, 418, 428, 442, 450, 452, 456, 460, 470</i></p>	Federal	1,013,314,900	Restricted	108,278,900	Local	26,072,100	GF/GP	649,629,000
Federal	1,013,314,900									
Restricted	108,278,900									
Local	26,072,100									
GF/GP	649,629,000									
Community mental health non-Medicaid services	317,772,300	<p>Non-Medicaid funds to CMHSPs or specialty PHPs serving residents of the state's 83 counties; mental health services provided directly by CMHSP or specialty PHP, or by contract with public or private agencies</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">GF/GP</td> <td style="text-align: right;">317,772,300</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 401, 402, 404, 428, 442, 450, 452, 456, 459, 460, 462, 470</i></p>	GF/GP	317,772,300						
GF/GP	317,772,300									
Medicaid adult benefits waiver	40,000,000	<p>Funds to CMHSPs or specialty PHPs to provide mental health benefits to persons not previously Medicaid eligible until approval of a federal waiver on January 16, 2004</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">27,788,000</td> </tr> <tr> <td>GF/GP</td> <td style="text-align: right;">12,212,000</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 442, 452</i></p>	Federal	27,788,000	GF/GP	12,212,000				
Federal	27,788,000									
GF/GP	12,212,000									
Multicultural services	5,163,800	<p>Funds to CMHSPs to contract with providers that serve multicultural populations such as Chinese American, Asian American, Hispanics, and Arab/Chaldean; and funds to Michigan Inter-Tribal Council, Jewish Federation, and Vietnam Veterans</p> <p style="text-align: right;">Funding Source(s):</p> <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="padding-right: 20px;">GF/GP</td> <td style="text-align: right;">5,163,800</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 403, 475</i></p>	GF/GP	5,163,800						
GF/GP	5,163,800									

Medicaid substance abuse services	35,622,900	Capitated funds for Medicaid substance abuse services managed by selected CMHSPs or specialty PHPs pursuant to federal Health Care Financing Administration approval of Michigan's 1915(b) waiver request; CMHSPs or specialty PHPs that are not coordinating agencies for substance abuse services may contract with coordinating agencies for services Funding Source(s): Federal 20,084,200 Restricted 2,145,800 GF/GP 13,392,900 <i>Related Boilerplate Section(s): 402, 404, 409, 410, 414, 418, 423, 428, 470</i>
Respite services	1,000,000	Supports contracts with CMHSPs or specialty PHPs for respite care services primarily for children with serious emotional disturbance and their families; care provided in home and out of home in residential facilities Funding Source(s): GF/GP 1,000,000 <i>Related Boilerplate Section(s): 465</i>
CMHSP, purchase of state services contracts	128,681,500	Used by CMHSPs or specialty PHPs to purchase state services for clients in their catchment areas or develop their own community alternatives to utilization of state hospitals/centers Funding Source(s): GF/GP 128,681,500 <i>Related Boilerplate Section(s): None</i>
Civil service charges	1,765,500	Pays 1% civil service charges authorized by State Constitution Funding Source(s): GF/GP 1,765,500 <i>Related Boilerplate Section(s): 204</i>
Federal mental health block grant – 2.5 FTE positions	15,355,000	Funds available to primarily CMHSPs or specialty PHPs for community-based services for adults with serious mental illness and children with serious emotional disturbances such as wraparound services, adult dual diagnosis programs, psychosocial rehabilitation programs, and assertive community treatment teams; funds FTEs, contractual services, supplies, travel, and other costs related to administering the federal block grant Funding Source(s): Federal 15,355,000 <i>Related Boilerplate Section(s): None</i>
State disability assistance program substance abuse services	2,509,800	Per diem room and board payments for needy persons 18 years of age or older, or emancipated minors who reside in substance abuse residential facilities Funding Source(s): GF/GP 2,509,800 <i>Related Boilerplate Section(s): 406, 408, 409, 410, 423, 463, 470, 471</i>

Community substance abuse prevention, education, and treatment programs	85,919,100	Primarily distributed to 16 coordinating agencies for substance abuse services and authorized for services to chemically dependent pregnant women and injecting drug users, and children's access to tobacco; funds Salvation Army Harbor Light program; federal funds authorized to better identify, coordinate, and allocate resources to address substance abuse problems and assist state in preventing/reducing underage drinking; federal block grants used to educate and counsel persons on abuse of substances
		Funding Source(s): Federal 66,728,600 Restricted 1,784,200 GF/GP 17,406,300
		<i>Related Boilerplate Section(s): 407, 408, 409, 410, 412, 423, 463, 464, 467, 468, 470, 471</i>
Children's waiver home care program	19,549,800	Home and community-based services for over 400 eligible children with developmental disabilities who reside at home and who may otherwise require institutional care
		Funding Source(s): Federal 11,022,200 GF/GP 8,527,600
		<i>Related Boilerplate Section(s): None</i>
Omnibus reconciliation act implementation – 7.0 FTE positions	12,505,200	Staff, supplies, related costs, and contracts for implementing federal mandate addressing inappropriate placement in nursing homes of persons who are mentally ill or developmentally disabled (includes pre-admission screening, assessment of needs for individuals in nursing homes and for active treatment, and alternative services for persons found to be inappropriately placed); funds contract with Birchwood nursing home, Great Lakes CMH, and out-of-state nursing homes to provide specialized care to older adults who require nursing care and mental health services
		Funding Source(s): Federal 9,607,800 GF/GP 2,897,400
		<i>Related Boilerplate Section(s): None</i>
Children with serious emotional disturbances waiver	570,000	New line item to implement federally-approved waiver that expands Medicaid coverage to 43 children with serious emotional disturbances and/or chronically mentally ill; GF/GP match provided by CMHSPs
		Funding Source(s): Federal 570,000
		<i>Related Boilerplate Section(s): None</i>
GROSS APPROPRIATION	\$2,463,709,800	Total of all applicable line item appropriations
Total federal revenue	1,164,470,700	Includes Medicaid (Title XIX), State's Children Health Insurance Program (Title XXI), mental health block grant, substance abuse block grant, federal state incentive program grant, strategic prevention framework grant, and prevention of methamphetamine abuse grant
Total local revenue	26,072,100	Received from CMHSPs or specialty prepaid health plans
Total state restricted revenue	112,208,900	Includes substance abuse licensing fees and fines, and quality assurance assessment program (QAAP) revenue
GENERAL FUND/ GENERAL PURPOSE	\$1,160,958,100	The state's primary operating fund; the portion of the State's General Fund that does not include restricted revenue

**SECTION 105: STATE PSYCHIATRIC HOSPITALS,
CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES,
AND FORENSIC AND PRISON MENTAL HEALTH SERVICES**

This appropriation unit contains funding for: three state-operated psychiatric hospitals for adults with mental illness; one state-operated psychiatric hospital for children and adolescents with mental illness; one state-operated center for persons with developmental disabilities and severe mental illness; the Forensic Center created pursuant to the state's Mental Health Code; and prisoner mental health services in which the Department of Community Health assumes responsibility for mental health treatment services for prisoners under the jurisdiction of the Department of Corrections. This appropriation unit also finances costs associated with operation of state hospitals and centers such as purchase of medical services for residents of hospitals and centers, special maintenance and equipment, and closed facilities. Funding for federal and private projects is also included in this appropriation unit.

Total average population	1,109.0	Average number of patients at state-operated psychiatric hospitals for adults, children, and adolescents with mental illness, a state center for persons with developmental disabilities and severe mental illness, and the Forensic Center
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Total full-time equated classified positions	2,900.3	Full-time equated (FTE) positions in the state classified service
----------------------------------------------	---------	-------------------------------------------------------------------

Caro regional mental health center-psychiatric hospital – adult – 482.3 FTE positions <i>179.0 average population</i>	\$41,511,600	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel/other costs for state-operated psychiatric hospital in Caro, Michigan, for adults with mental illness
		Funding Source(s):
		Federal
		Local
		CMHSP
		Restricted
		1,819,100
		3,110,200
		33,614,600
		2,967,700

Related Boilerplate Section(s): 604, 605, 606

Kalamazoo psychiatric hospital – adult – 466.6 FTE positions <i>186.0 average population</i>	40,392,200	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel/other costs for state-operated psychiatric hospital in Kalamazoo, Michigan, for adults with mental illness
		Funding Source(s):
		Federal
		Local
		CMHSP
		Restricted
		1,415,100
		3,306,300
		31,515,800
		4,155,000

Related Boilerplate Section(s): 604, 605, 606

Walter P. Reuther psychiatric hospital – adult – 437.3 FTE positions <i>236.0 average population</i>	40,549,700	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel/other costs for state-operated psychiatric hospital in Westland, Michigan, for adults with mental illness
		Funding Source(s):
		Federal
		Local
		CMHSP
		Restricted
		2,183,800
		2,892,800
		34,094,600
		1,378,500

Related Boilerplate Section(s): 604, 605, 606

Hawthorn center - psychiatric hospital – children and adolescents – 219.0 FTE positions <i>74.0 average population</i>	19,483,900	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel/other costs for state-operated psychiatric hospital in Northville, Michigan, for children/adolescents with mental illness Funding Source(s): Federal 12,458,800 Local 570,400 CMHSP 6,350,500 Restricted 104,200
<i>Related Boilerplate Section(s): 604, 605, 606</i>		
Mount Pleasant center – developmental disabilities – 472.7 FTE positions <i>209.0 average population</i>	42,954,900	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel/other costs for state-operated center in Mt. Pleasant, Michigan, for persons with developmental disabilities and severe mental illness transferred from other state psychiatric hospitals Funding Source(s): Federal 16,891,300 Local 2,180,900 CMHSP 23,106,000 Restricted 776,700
<i>Related Boilerplate Section(s): 604, 605, 606</i>		
Center for forensic psychiatry – 493.0 FTE positions <i>225.0 average population</i>	49,408,800	FTEs, contractual services, supplies, materials, food, drugs, fuel and utilities, travel/other costs for the Forensic Center in Ann Arbor, Michigan, which provides psychiatric treatment for criminal defendants ruled incompetent to stand trial and/or acquitted by reason of insanity, specialized mental health services for transferred prisoners, diagnostic services to the criminal justice system, and examinations conducted by multi-disciplinary teams on an outpatient basis at the Center and other sites Funding Source(s): Federal 6,000 Local 3,487,800 Restricted 139,700 GF/GP 45,775,300
<i>Related Boilerplate Section(s): 604, 605, 606</i>		
Forensic mental health services provided to the department of corrections – 318.4 FTE positions	36,018,600	Through interdepartmental agreement, DCH assumes responsibility for providing mental health services to prisoners under jurisdiction of Department of Corrections (DOC); DOC responsible for custodial/ administrative functions for Huron Valley Correctional Complex Funding Source(s): IDG 36,018,600
<i>Related Boilerplate Section(s): 603</i>		
Revenue recapture	750,000	Project generates revenue (from third parties related to closed or inactive cases) for departmental costs and contractual fees associated with these retroactive collections and improving ongoing departmental reimbursement management functions Funding Source(s): Federal 375,000 Restricted 375,000
<i>Related Boilerplate Section(s): 601(2)</i>		
IDEA, federal special education	120,000	Supplements state psychiatric hospital special education programs for persons with mental illness; allocations based on annual counts of students aged 5 through 26 Funding Source(s): Federal 120,000
<i>Related Boilerplate Section(s): None</i>		

Special maintenance and equipment	335,300	Maintenance projects at state hospitals and centers; client-related, administrative, and housekeeping/maintenance equipment needs; maintenance and operation of leased properties	Funding Source(s):	Restricted GF/GP	332,500 2,800
<i>Related Boilerplate Section(s): None</i>					
Purchase of medical services for residents of hospitals and centers	2,045,600	Special, emergency, and other medical-related services rendered off-site for residents of state hospitals and centers without insurance or ability to pay	Funding Source(s):	GF/GP	2,045,600
<i>Related Boilerplate Section(s): None</i>					
Closed site, transition, and related costs – 11.0 FTE positions	712,300	Unemployment compensation, terminal payouts (sick leave payments and grievance settlements), safety and power plant operations, and phase-out costs associated with final disposition of property for closed hospital sites	Funding Source(s):	GF/GP	712,300
<i>Related Boilerplate Section(s): 605</i>					
Severance pay	216,900	Payments to employees (with more than one year of service) laid off due to census reductions or closures of state hospitals and centers	Funding Source(s):	GF/GP	216,900
<i>Related Boilerplate Section(s): None</i>					
Gifts and bequests for patient living and treatment environment	1,000,000	Authority for DCH to accept gifts/bequests for specific enhancements (consistent with donor stipulation) for residents of state-operated facilities	Funding Source(s):	Private	1,000,000
<i>Related Boilerplate Section(s): 602</i>					
GROSS APPROPRIATION	\$275,499,800	Total of all applicable line item appropriations			
Interdepartmental grant from the department of corrections	36,018,600	From DOC for costs related to providing forensic mental health services			
Total federal revenue	35,269,100	Includes Medicaid (Title XIX), national school lunch program, and IDEA (federal special education)			
CMHSP, purchase of state services contracts	128,681,500	Funds from CMHSPs and specialty PHPs, as part of authorization process, to offset line item in Community Mental Health/Substance Abuse Services Programs appropriation unit			
Other local revenue	15,548,400	County match revenue and local school aid funds			
Total private revenue	1,000,000	Gifts and bequests			
Total state restricted revenue	10,229,300	Includes miscellaneous, first/third party, and lease/rental revenue			
GENERAL FUND/ GENERAL PURPOSE	\$48,752,900	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue			

SECTION 106: PUBLIC HEALTH ADMINISTRATION

This appropriation unit provides funding for the administrative, policy, and leadership functions necessary to ensure the implementation of the public health mission, address health disparities of minority populations, and record the state's vital events.

Full-time equated classified positions	86.4	Full-time equated (FTE) positions in the state classified service						
Public health administration – 11.0 FTE positions	\$1,802,400	FTEs, contractual services, and other related costs for administration of community public health Funding Source(s): <table style="float: right; margin-left: 20px;"> <tr> <td>Federal</td> <td style="text-align: right;">97,200</td> </tr> <tr> <td>Restricted</td> <td style="text-align: right;">202,700</td> </tr> <tr> <td>GF/GP</td> <td style="text-align: right;">1,502,500</td> </tr> </table>	Federal	97,200	Restricted	202,700	GF/GP	1,502,500
Federal	97,200							
Restricted	202,700							
GF/GP	1,502,500							
<i>Related Boilerplate Section(s): None</i>								
Minority health grants and contracts – 3.0 FTE positions	1,592,500	FTEs, related costs, and grants to improve health status of minorities and address health disparities through health promotion and screening programs for African-Americans, Hispanic/Latinos, Arab/Chaldeans, American Indians, and Asian/Pacific Islanders Funding Source(s): <table style="float: right; margin-left: 20px;"> <tr> <td>Federal</td> <td style="text-align: right;">692,500</td> </tr> <tr> <td>Restricted</td> <td style="text-align: right;">900,000</td> </tr> </table>	Federal	692,500	Restricted	900,000		
Federal	692,500							
Restricted	900,000							
<i>Related Boilerplate Section(s): None</i>								
Vital records and health statistics – 72.4 FTE positions	7,658,400	FTEs, related costs, and contracts to administer state's vital records and statistics system, including register all vital events, maintain repository of vital record documents, maintain data and electronic transferal systems, issue certified copies of records, amend vital records, surveillance of vital events, and report on mortality, morbidity, and certain conditions including cancer and birth defects Funding Source(s): <table style="float: right; margin-left: 20px;"> <tr> <td>IDG</td> <td style="text-align: right;">724,100</td> </tr> <tr> <td>Federal</td> <td style="text-align: right;">2,064,300</td> </tr> <tr> <td>Restricted</td> <td style="text-align: right;">4,870,000</td> </tr> </table>	IDG	724,100	Federal	2,064,300	Restricted	4,870,000
IDG	724,100							
Federal	2,064,300							
Restricted	4,870,000							
<i>Related Boilerplate Section(s): None</i>								
GROSS APPROPRIATION	\$11,053,300	Total of all applicable line item appropriations						
Interdepartmental grant from department of human services	724,100	Federal funds granted from Department of Human Services for vital records and central paternity registry access related to paternity and child support cases						
Total federal revenue	2,854,000	Title XIX Medicaid funds, preventive health and health services block grant, vital statistics grant, cancer registry grant, social security birth enumeration grant, minority health state partnership grant, and surveillance, epidemiology and end results (SEER) grant funds through Wayne State University						
Total state restricted revenue	5,972,700	Vital records fee revenue, Michigan Health Initiative Fund revenue from software tax (1987 PA 258), and Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)						
GENERAL FUND/ GENERAL PURPOSE	\$1,502,500	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue						

SECTION 107: HEALTH POLICY, REGULATION, AND PROFESSIONS

This appropriation unit provides funding for the Health Policy, Regulation, and Professions Administration, Office of the Chief Nurse Executive, Bureaus of Health Systems and Health Profession, Office of Legal Affairs, Community Assessment Division, and Administrative Tribunal and Appeals Division which administers programs involved in the licensing, regulation, and registration of various health care facilities, substance abuse programs, emergency medical services authorities, radiation machines, clinical laboratories, and various health professions. This appropriation unit also provides funding for the Certificate of Need (CON) Program Administration, Rural Health Services, Michigan Essential Health Care Provider Program, and Primary Care Services.

Full-time equated classified positions	405.6	Full-time equated (FTE) positions in the state classified service									
Health systems administration – 193.6 FTE positions	\$21,620,000	<p>Bureau of Health Systems includes the following four Divisions:</p> <p><u>Nursing Home Monitoring</u>: survey/investigate/assess/evaluate long-term care facility compliance with Medicare/Medicaid certification and licensure requirements</p> <p><u>Licensing and Certification</u>: license/recommend Medicare/Medicaid certification for health facilities, except long-term care facilities</p> <p><u>Operations</u>: investigate nursing home residents' complaints and facility-reported incidents; process/coordinate enforcement against facilities</p> <p><u>Health Facilities and Services</u>: conduct physical plant evaluations for construction/modernization projects for health facilities and licensing and certification surveys of licensed health care facilities</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">13,621,200</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">3,586,400</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">4,412,400</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 705, 706, 708, 714</i></p>	Funding Source(s):	Federal	13,621,200		Restricted	3,586,400		GF/GP	4,412,400
Funding Source(s):	Federal	13,621,200									
	Restricted	3,586,400									
	GF/GP	4,412,400									
Emergency medical services program state staff – 8.5 FTE positions	1,423,500	<p>Emergency Medical Services (EMS) Section to license/re-license over 700 medical first responder/life support agencies and 2,400 life support vehicles; approve medical control authorities which provide community based pre-hospital emergency care oversight</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">409,400</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">684,900</td> </tr> <tr> <td></td> <td>GF/GP</td> <td style="text-align: right;">329,200</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Funding Source(s):	Federal	409,400		Restricted	684,900		GF/GP	329,200
Funding Source(s):	Federal	409,400									
	Restricted	684,900									
	GF/GP	329,200									
Radiological health administration – 21.4 FTE positions	2,506,700	<p>Radiation Safety Section annually registers over 22,000 X-ray machines used in approximately 9,000 medical and non-medical radiation facilities statewide; conducts periodic radiation safety inspections for compliance with federal and state requirements</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">Federal</td> <td style="text-align: right;">614,900</td> </tr> <tr> <td></td> <td>Restricted</td> <td style="text-align: right;">1,891,800</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Funding Source(s):	Federal	614,900		Restricted	1,891,800			
Funding Source(s):	Federal	614,900									
	Restricted	1,891,800									
Substance abuse program administration – 1.0 FTE position	64,400	<p>Substance Abuse Licensing Section to license 1,050 substance abuse prevention/treatment programs statewide and investigate complaints by recipients of licensed substance abuse programs</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding-right: 20px;">Funding Source(s):</td> <td style="padding-right: 20px;">GF/GP</td> <td style="text-align: right;">64,400</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Funding Source(s):	GF/GP	64,400						
Funding Source(s):	GF/GP	64,400									

Emergency medical services grants and services – 7.0 FTE positions	588,900	Contracts administered by EMS Section for continuing education, agency/vehicle inspections; administers licensure examinations; staff responsible for EMS testing, inspections, and certifications Funding Source(s): Federal 521,000 GF/GP 67,900
<i>Related Boilerplate Section(s): 704, 715</i>		
Health professions – 125.0 FTE positions	15,205,400	Administration of Bureau of Health Professions includes the following four Divisions: <u>Investigations</u> : conduct investigations on alleged violations involving health care professionals; inspect and audit pharmacies, drug manufacturers, and drug wholesalers <u>Regulatory</u> : review allegations, investigative reports, and administrative complaints filed against health care professionals; executive direction/administrative support for health professional boards/task forces established by Public Health Code <u>Licensing</u> : process licensure/registration applications for 31 health occupations, maintain official records for over 375,000 licensees and registrants; conduct continuing education audits on licensees Funding Source(s): Federal 476,700 Restricted 14,728,700
<i>Related Boilerplate Section(s): None</i>		
Health policy, regulation, and professions administration – 29.7 FTE positions	5,366,800	Staff to oversee Bureau of Health Professions, Bureau of Health Systems, Office of Legal Affairs, Community Assessment Division, and Administrative Tribunal and Appeals Division Funding Source(s): Federal 3,104,400 Restricted 741,900 GF/GP 1,520,500
<i>Related Boilerplate Section(s): None</i>		
Nurse scholarship, education, and research program – 3.0 FTE positions	903,800	Support the establishment and operation of a nurse continuing education program, nursing scholarship program, and research/development studies promoting and advancing the nursing profession; includes funds for Chief Nurse Executive Funding Source(s): Restricted 903,800
<i>Related Boilerplate Section(s): 707</i>		
Certificate of need program administration – 14.0 FTE positions	1,726,400	FTEs, contractual services, supplies/travel/equipment/other costs to carry out Certificate of Need (CON) program (state regulatory program to balance cost, quality, and access issues, and ensure that only needed health services and facilities are developed in Michigan) Funding Source(s): IDG 113,000 Restricted 1,613,400
<i>Related Boilerplate Section(s): None</i>		
Rural health services – 1.0 FTE position	1,390,500	Contract to Michigan Center for Rural Health to coordinate, plan, and advocate for improved health and health care for residents in rural areas, assist small rural hospitals to comply with federal privacy and prospective pay system guidelines, and provide technical assistance to DCH on rural health issues and programs Funding Source(s): Federal 1,264,500 GF/GP 126,000
<i>Related Boilerplate Section(s): None</i>		

Michigan essential health provider	1,847,100	Assist primary care physicians, psychiatrists, dentists, nurse practitioners, nurse midwives, and physician assistants who practice in designated medically underserved areas in repayment of health education loans
		Funding Source(s):
		Federal
		Local
		Private
		GF/GP
		924,000
		227,700
		150,000
		545,400
<i>Related Boilerplate Section(s): 709</i>		
Primary care services – 1.4 FTE positions	2,265,500	Grants to community health centers for primary health care, outreach, and health education services in medically underserved areas; funds that are equally distributed to free health clinics
		Funding Source(s):
		Federal
		GF/GP
		1,623,500
		642,000
<i>Related Boilerplate Section(s): 710, 712, 713</i>		
GROSS APPROPRIATION	\$54,909,000	Total of all applicable line item appropriations
Interdepartmental grant from treasury	113,000	From Department of Treasury for part of costs related to certificate of need program
Total federal revenue	22,559,600	Includes Medicaid (Title XIX), Medicare (Title XVIII), random moment sampling cost revenue, and the following grants: maternal and child health block, preventive health and health services block, clinical laboratory improvement, EMS for children partnership, rural access to emergency devices, trauma EMS, mammography quality standards, state Office of Rural Health, small rural hospitals, state loan repayment, primary care, prescription drug monitoring, and background checks pilot program
Total local revenue	227,700	Local match provided by CMHSPs for federal revenue
Total private revenue	150,000	Realized from loan repayments on behalf of primary care providers in underserved areas
Total state restricted revenue	24,150,900	Includes Health Professional Regulatory Fund revenue, health systems fees/collections, Nurse Professional Fund revenue, Pain Management Fund revenue, and CON fee revenue
GENERAL FUND/ GENERAL PURPOSE	\$7,707,800	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 108: INFECTIOUS DISEASE CONTROL

This appropriation unit provides funding to prevent and control morbidity, disability, and death associated with communicable diseases through assessment, surveillance, intervention, and evaluation.

Full-time equated classified positions	49.0	Full-time equated (FTE) positions in the state classified service									
AIDS prevention, testing, and care programs – 12.0 FTE positions	\$37,428,800	<p>FTEs, related costs, and contracts for the following: <u>HIV counseling, testing and referral</u> grants to local health departments, including partner notification and counseling <u>HIV/AIDS education and outreach</u> grants to local health departments and community groups <u>HIV/AIDS risk reduction program</u> focusing on at-risk populations through prevention, care, and laboratory testing <u>HIV/AIDS continuum of care</u> grants to local health departments for health care and support services to families and individuals living with HIV/AIDS including AIDS drug assistance (ADAP) and dental programs</p> <table style="margin-left: 40px;"> <tr> <td>Funding Source(s):</td> <td>Federal</td> <td>24,847,700</td> </tr> <tr> <td></td> <td>Private</td> <td>7,997,900</td> </tr> <tr> <td></td> <td>Restricted</td> <td>4,583,200</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 801, 802, 803</i></p>	Funding Source(s):	Federal	24,847,700		Private	7,997,900		Restricted	4,583,200
Funding Source(s):	Federal	24,847,700									
	Private	7,997,900									
	Restricted	4,583,200									
Immunization local agreements	13,990,300	<p>Funds to local public health departments and community health centers for immunization clinics, free vaccinations for eligible children, vaccine handling and distribution, statewide immunization registry, outreach and education, perinatal hepatitis B prevention, and other immunization projects, training and technical support</p> <table style="margin-left: 40px;"> <tr> <td>Funding Source(s):</td> <td>Federal</td> <td>9,428,200</td> </tr> <tr> <td></td> <td>Restricted</td> <td>2,250,000</td> </tr> <tr> <td></td> <td>GF/GP</td> <td>2,312,100</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 805</i></p>	Funding Source(s):	Federal	9,428,200		Restricted	2,250,000		GF/GP	2,312,100
Funding Source(s):	Federal	9,428,200									
	Restricted	2,250,000									
	GF/GP	2,312,100									
Immunization program management and field support – 15.0 FTE positions	1,930,700	<p>FTEs and related cost to administer state immunization program</p> <table style="margin-left: 40px;"> <tr> <td>Funding Source(s):</td> <td>Federal</td> <td>1,269,200</td> </tr> <tr> <td></td> <td>Restricted</td> <td>340,400</td> </tr> <tr> <td></td> <td>GF/GP</td> <td>321,100</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): 805</i></p>	Funding Source(s):	Federal	1,269,200		Restricted	340,400		GF/GP	321,100
Funding Source(s):	Federal	1,269,200									
	Restricted	340,400									
	GF/GP	321,100									
Pediatric AIDS prevention and control	1,224,800	<p>Program/contracts to coordinate comprehensive medical care and social support services for HIV-infected infants, children, and their families, including outreach, primary and specialty medical care, psychological services, case management, HIV risk reduction and prevention education, and recreation activities</p> <table style="margin-left: 40px;"> <tr> <td>Funding Source(s):</td> <td>Federal</td> <td>1,224,800</td> </tr> </table> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>	Funding Source(s):	Federal	1,224,800						
Funding Source(s):	Federal	1,224,800									

Sexually transmitted disease control local agreements	3,423,200	Funds to local public health departments to monitor and control occurrence of sexually transmitted diseases in all areas of the state especially 15 highest incidence areas representing over 90% of all cases; for surveillance, investigation, diagnosis, primary treatment, screening, casefinding, prevention, and laboratory services
		Funding Source(s): Federal 3,001,400 GF/GP 421,800
		<i>Related Boilerplate Section(s): None</i>
Sexually transmitted disease control management and field support – 22.0 FTE positions	3,624,900	State administration FTEs and related costs to monitor occurrence of sexually transmitted diseases, promote prevention and education, and provide support for state, local and national STD control goals; funds for primary STD treatment drugs and laboratory costs
		Funding Source(s): Federal 1,150,500 Restricted 1,402,200 GF/GP 1,072,200
		<i>Related Boilerplate Section(s): None</i>
GROSS APPROPRIATION	\$61,622,700	Total of all applicable line item appropriations
Total federal revenue	40,921,800	Preventive health and health services block grant, maternal and child health services block grant, immunization grant, HIV prevention grant, Ryan White Title II HIV care grant, sexually transmitted disease control grant, Ryan White Title IV pediatric AIDS prevention grant, and Title XIX Medicaid funds
Total private revenue	7,997,900	Private funds from pharmaceutical manufacturer rebates for AIDS drug assistance program
Total state restricted revenue	8,575,800	Michigan Health Initiative Fund revenue from the software tax (1987 PA 258), Healthy Michigan Fund revenue from the cigarette tax (3.75% of gross collections), and Pharmaceutical Products Fund interest income from revenue related to the 1999 sale of Michigan Biologic Products Institute
GENERAL FUND/ GENERAL PURPOSE	\$4,127,200	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 109: LABORATORY SERVICES

This appropriation unit provides funding for laboratory diagnostic testing, analytical services, and related functions to detect disease or the source of disease.

Full-time equated classified positions	122.0	Full-time equated (FTE) positions in the state classified service
Bovine tuberculosis – 2.0 FTE positions	\$500,000	FTEs, supplies, contractual services, and other related expenses to support the bovine tuberculosis eradication program, providing laboratory testing and epidemiological surveillance <div style="text-align: right; margin-top: 5px;">Funding Source(s): Restricted 500,000</div>
<i>Related Boilerplate Section(s): None</i>		
Laboratory services – 120.0 FTE positions	15,543,700	FTEs, supplies, travel, equipment, computer, and contractual services for laboratory services: tests to identify and monitor infectious disease agents; collect epidemiological and analytical laboratory data to assess human health risks; tests of blood samples of children screened for lead under EPSDT program and newborn infants screened for genetic handicapping conditions; tests for environmental risks such as lead in soil and toxins in fish that may be consumed; tests to detect biologic terrorist agents; study of Lyme disease; study of certain food borne E.Coli bacteria which can cause human disease; and funds for regional and local laboratory services <div style="text-align: right; margin-top: 5px;">Funding Source(s): IDG 430,400 Federal 3,093,200 Restricted 4,920,200 GF/GP 7,099,900</div>
<i>Related Boilerplate Section(s): None</i>		
GROSS APPROPRIATION	\$16,043,700	Total of all applicable line item appropriations
Interdepartmental grant from environmental quality	430,400	Grant from Department of Environmental Quality for costs related to laboratory testing of Michigan fish for contaminants
Total federal revenue	3,093,200	Title XIX Medicaid funds, and the following federal program grants: preventive health and health services block, tuberculosis control, immunization, epidemiology and laboratory capacity, clinical and public health laboratory integration, tuberculosis genotyping and surveillance, and Shiga toxin-producing E.Coli study
Total state restricted revenue	5,420,200	Fee revenue collected for laboratory services and newborn screening services including contractual laboratory services to Michigan State University, and Michigan Health Initiative Fund revenue from the software tax (1987 PA 258)
GENERAL FUND/ GENERAL PURPOSE	\$7,099,900	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

Lead abatement program – 7.0 FTE positions	2,143,400	FTEs, costs, contracts, and local oversight to provide for safe removal of lead hazards from older homes in areas of the state with high incidence of lead-poisoned children; train and certify individuals to perform lead abatement and lead hazard remediation; compliance assistance and enforcement; education and outreach; and Healthy Homes demonstration project in Ingham County
		Funding Source(s): Federal 1,889,100 Restricted 254,300
		<i>Related Boilerplate Section(s): 903</i>
Newborn screening follow-up and treatment services – 8.0 FTE positions	3,862,300	FTEs, related expenses, and contracts to screen all newborn infants for certain genetic disorders and to provide follow-up services such as education, diagnosis, counseling, and treatment after a newborn child tests positive; informational adult-onset genetic disease program, and early hearing screening and detection program
		Funding Source(s): Restricted 3,862,300
		<i>Related Boilerplate Section(s): None</i>
Tuberculosis control and recalcitrant AIDS program	867,000	Funding to local health departments and other contracts for the prevention and control of tuberculosis, including directly-observed therapy, medication administration, surveillance, and care for certain patients with tuberculosis
		Funding Source(s): Federal 867,000
		<i>Related Boilerplate Section(s): None</i>
GROSS APPROPRIATION	\$67,593,200	Total of all applicable line item appropriations
Total federal revenue	61,099,500	Federal grants for health risk assessment, HIV/AIDS surveillance, HIV/AIDS morbidity and risk behavior surveillance, tuberculosis control, epidemiology and laboratory capacity, core occupational safety and health research, public health preparedness and response for bioterrorism, bioterrorism hospital preparedness, behavioral risk factor surveillance, asthma, outcomes assessment through systems of integrated surveillance (OASIS), genetics, human health studies of ambient air and birth outcomes, birth defects surveillance, EPA endocrine disruptors study project funds through State of Wisconsin, genomics and chronic disease prevention, federal grant from Emory University for work related to polybrominated biphenyls (PBBs) and endocrine disruptors, hazardous substances emergency events surveillance (HSEES), impact of exposure to urban air toxics on asthma, HUD lead-based paint hazard control grant, EPA lead grant for certification of lead-based paint professionals, and HUD healthy homes demonstration program
Total private revenue	25,000	Grant from March of Dimes for work related to birth defects and folic acid projects
Total state restricted revenue	4,307,600	Fee revenue collected from newborn screening program and from lead abatement professional worker certification, Michigan Health Initiative Fund revenue from software tax (1987 PA 258), and Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)
GENERAL FUND/ GENERAL PURPOSE	\$2,161,100	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 111: LOCAL HEALTH ADMINISTRATION AND GRANTS

This appropriation unit provides funding to improve the health status of Michigan residents through accessible health care services delivered by local public health departments and other health care organizations.

Implementation of 1993 PA 133, MCL 333.17015	\$100,000	Production and distribution of informational materials required to be provided to a woman seeking an abortion at least 24 hours prior to the procedure, in accordance with the Informed Consent Law, Public Act 133 of 1993
		Funding Source(s):
		Restricted 23,500
		GF/GP 76,500

Related Boilerplate Section(s): 901

Local health services	220,000	Contractual services to support the development and implementation of uniform local public health service delivery and reporting standards, and to support local health department evaluation and accreditation to promote standards compliance
		Funding Source(s):
		Restricted 220,000

Related Boilerplate Section(s): None

Local public health operations	40,618,400	Prospective payments to local health departments based on a 50% state and local match rate for projected allowable expenditures for required local public health services: immunizations, infectious and sexually transmitted disease control, hearing and vision screening, food protection, public water and private groundwater supplies, on-site sewage management; new local funding comes from School Aid Funds provided to local school districts for hearing and vision screening of school children provided by local public health departments
		Funding Source(s):
		Local 5,150,000
		GF/GP 35,468,400

Related Boilerplate Section(s): 902, 904, 905

Medical services cost reimbursement to local health departments	3,110,000	Reimbursement to local health departments for costs incurred for outreach and services to Medicaid clients. Funding is available from federal Medicaid reimbursement match grants as eligible costs are incurred by local public health departments. Local health departments provide the required matching funds
		Funding Source(s):
		Federal 3,110,000

Related Boilerplate Section(s): None

GROSS APPROPRIATION	\$44,048,400	Total of all applicable line item appropriations
Total federal revenue	3,110,000	Title XIX Medicaid funds
Total local revenue	5,150,000	Local school district funds received from the state School Aid Fund for hearing and vision screening of school children
Total state restricted revenue	243,500	Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)
GENERAL FUND/ GENERAL PURPOSE	\$35,544,900	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 112: CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION

This appropriation unit provides funding for programs to promote healthy lifestyles for communities, individuals, and vulnerable populations to improve the length and quality of life for Michigan residents.

Full-time equated classified positions	65.5	Full-time equated (FTE) positions in the state classified service
African-American male health initiative	\$106,700	<p>Initiative to improve the health of African-American men in Michigan with program of community-based screening for chronic diseases, follow-up counseling, education, and referrals</p> <p style="text-align: right;">Funding Source(s): GF/GP 106,700</p> <p style="text-align: right;"><i>Related Boilerplate Section(s): 1028, 1029</i></p>
AIDS and risk reduction clearinghouse and media campaign	1,576,000	<p>Information clearinghouse to collect and distribute various health promotion materials; and contractual services to develop, produce, and air television, radio, and billboard health promotion messages</p> <p style="text-align: right;">Funding Source(s): Restricted 1,576,000</p> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>
Alzheimer's information network	412,900	<p>Funding for education and support through regional information and referral centers for persons with Alzheimer's disease, Huntington's disease, and Parkinson's disease, and their families and caregivers, and for a statewide coalition</p> <p style="text-align: right;">Funding Source(s): Federal 122,900 Restricted 290,000</p> <p style="text-align: right;"><i>Related Boilerplate Section(s): 1003</i></p>
Cancer prevention and control program – 15.3 FTE positions	15,145,400	<p>FTEs, related expenses, grants and contracts for cancer prevention and control including: prevention activities; screening and follow-up services for breast, cervical, prostate, and colorectal cancer; public and professional cancer education, awareness, and early detection; Michigan Cancer Consortium support; and heart and chronic disease screening and referrals</p> <p style="text-align: right;">Funding Source(s): Federal 12,139,200 Restricted 2,586,900 GF/GP 419,300</p> <p style="text-align: right;"><i>Related Boilerplate Section(s): None</i></p>
Chronic disease prevention – 10.0 FTE positions	4,416,900	<p>FTEs, related costs, grants, and contracts for chronic disease surveillance activities and community, school and worksite-based chronic disease prevention programs, including cardiovascular health, fitness and nutrition, stroke prevention, adult and children's arthritis, osteoporosis prevention, and Huntington's Disease programming</p> <p style="text-align: right;">Funding Source(s): Federal 2,123,200 Restricted 2,188,700 GF/GP 105,000</p> <p style="text-align: right;"><i>Related Boilerplate Section(s): 1010, 1019</i></p>

Diabetes and kidney program – 11.1 FTE positions	3,726,400	FTEs, related expenses, and contracts for diabetes prevention, education, control, and outreach projects; grants to regional diabetes outreach network entities and communities with a high incidence of diabetes; funding for kidney disease prevention programs, implementation of the State Renal Plan, and a diabetes management pilot project in Muskegon County Funding Source(s): Federal 1,211,500 Restricted 2,489,900 GF/GP 25,000
<i>Related Boilerplate Section(s): 1008, 1009</i>		
Health education, promotion, and research programs – 9.3 FTE positions	770,000	FTEs, related costs, and contracts for health promotion and education, and osteoporosis prevention and treatment education Funding Source(s): Restricted 371,700 GF/GP 398,300
<i>Related Boilerplate Section(s): None</i>		
Injury control intervention project – 1.0 FTE position	100,900	Traumatic brain injury program; funding serves as required matching funds for federal traumatic brain injury grant Funding Source(s): GF/GP 100,900
<i>Related Boilerplate Section(s): None</i>		
Michigan Parkinson's Foundation	50,000	Restored line item to support the Michigan Parkinson's Initiative, for education and services for persons with Parkinson's Disease and their families. Previously funded in FY 2004-05 and FY 2001-02. Funding Source(s): Restricted 50,000
<i>Related Boilerplate Section(s): None</i>		
Morris Hood Wayne State University diabetes outreach	400,000	Statewide and community outreach programs of the Morris Hood Comprehensive Diabetes Center at Wayne State University Funding Source(s): Restricted 400,000
<i>Related Boilerplate Section(s): None</i>		
Physical fitness, nutrition, and health	700,000	Costs and contracts to support a statewide network of local physical fitness, health, and sports councils, maintain a physical fitness curriculum, and distribute sports injury prevention education materials Funding Source(s): Restricted 700,000
<i>Related Boilerplate Section(s): None</i>		
Public health traffic safety coordination – 1.7 FTE positions	584,900	FTEs, costs and contracts for projects to prevent motor vehicle-related and bicycle-related injuries to children; includes child safety education, car booster seat and seat belt safety for children, promotion of bike helmet use, and collection of emergency room data on injuries and deaths Funding Source(s): Federal 584,900
<i>Related Boilerplate Section(s): None</i>		

Smoking prevention program – 15.1 FTE positions	5,632,400	FTEs, related expenses, and contracts for smoking prevention programs including: smoking cessation hotline, free nicotine Quit Kits and nicotine replacement therapy; projects of schools, community-based coalitions, and local health departments; enforcement of the Clean Indoor Air Act; anti-tobacco media campaign; Michigan Model clearinghouse of health curriculum materials for schools
		Funding Source(s):
		Federal 1,908,900
		Private 85,000
		Restricted 3,638,500
		<i>Related Boilerplate Section(s): 1006</i>
Tobacco tax collection and enforcement	610,000	Grant to Department of State Police for tobacco tax collection and enforcement activities
		Funding Source(s):
		Restricted 610,000
		<i>Related Boilerplate Section(s): None</i>
Violence prevention – 2.0 FTE positions	1,896,900	FTEs, related costs and contractual services for violence prevention, rape and sexual assault primary prevention and education programs, surveillance of sexual assault and intimate partner violence, and development of a state strategic plan for child and adolescent violence prevention
		Funding Source(s):
		Federal 1,896,900
		<i>Related Boilerplate Section(s): 1007</i>
GROSS APPROPRIATION	\$36,129,400	Total of all applicable line item appropriations
Total federal revenue	19,987,500	Includes the following grants: preventive health and health services block, breast and cervical cancer early detection program, comprehensive cancer control, Title XIX Medicaid, diabetes control, state and community highway safety, arthritis, lupus, community-based interventions to reduce motor vehicle-related injuries, tobacco use prevention, well integrated screening and evaluation for women across the nation (WISEWOMAN), rape prevention and education, surveillance of intimate partner violence, obesity, great lakes stroke network, and enhancing state capacity to address child and adolescent health through violence prevention (ESCAPE)
Total private revenue	85,000	Private grant from American Legacy Foundation to support the statewide smoking cessation hotline
Total state restricted revenue	14,901,700	Michigan Health Initiative Fund revenue from software tax (1987 PA 258) and Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)
GENERAL FUND/ GENERAL PURPOSE	\$1,155,200	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 113: FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES

This appropriation unit provides funding for programs and services to assure health services for the vulnerable population group consisting of children under age 21, women of childbearing age, and their family members.

Full-time equated classified positions	50.4	Full-time equated (FTE) positions in the state classified service		
Childhood lead program – 6.8 FTE positions	\$2,536,100	FTEs, supplies, related costs, and contracts to screen for abnormal blood lead levels, identify lead hazards, educate providers and the public, provide lead poisoning prevention services, and conduct surveillance of children with elevated blood lead levels, primarily in Detroit and high-incidence targeted counties	Funding Source(s):	Federal 1,431,100 Restricted 1,000,000 GF/GP 105,000
				<i>Related Boilerplate Section(s): 1129</i>
Dental programs	485,400	Grants to local health departments for dental care to low income, uninsured children and adults; contractual services to coordinate the Donated Dental Services Program of dental services to uninsured individuals who have difficulty accessing dental services due to mental or physical handicap, visual impairment, chronic illness, or age	Funding Source(s):	Federal 335,400 Restricted 150,000
				<i>Related Boilerplate Section(s): 1109</i>
Dental program for persons with developmental disabilities	151,000	Fund to underwrite treatment costs of essential dental services for persons with developmental disabilities who are not otherwise able to obtain or pay for these services	Funding Source(s):	GF/GP 151,000
				<i>Related Boilerplate Section(s): None</i>
Early childhood collaborative secondary prevention	524,000	Cooperative program with Department of Human Services and Department of Education for community-based projects to foster healthy child development of children between 0-3 years of age from at-risk families	Funding Source(s):	GF/GP 524,000
				<i>Related Boilerplate Section(s): None</i>
Family, maternal, and children's health services administration – 41.6 FTE positions	4,780,600	FTEs, contractual services, supplies, and other related costs to administer programs for children and families	Funding Source(s):	Federal 2,525,900 GF/GP 2,254,700
				<i>Related Boilerplate Section(s): None</i>

Family planning local agreements	12,270,300	Grants to local health departments and agencies for family planning services: reproductive health assessment, contraceptive services, health education, counseling and referral, special projects; new Plan First! program allows for services to be provided to more women as a Medicaid waiver demonstration program, approved for 5 years Funding Source(s):	Federal 10,838,000 Restricted 634,600 GF/GP 797,700
<i>Related Boilerplate Section(s): 1101, 1104, 1106, 1110, 1111, 1113</i>			
Local MCH services	7,264,200	Maternal and child health grants to local health departments on a per capita basis for local needs including prenatal care, immunizations, and well-child services, and grants to local health departments in high infant mortality rate areas and other contractual agencies for programs to address infant mortality Funding Source(s):	Federal 7,018,100 Restricted 246,100
<i>Related Boilerplate Section(s): 1104</i>			
Migrant health care	272,200	Grants to health care agencies in areas with high migrant populations for outreach, health education, and immunization services Funding Source(s):	Federal 136,100 GF/GP 136,100
<i>Related Boilerplate Section(s): None</i>			
Pregnancy prevention program	5,733,400	Grants to local health departments and other agencies for family planning and primary pregnancy prevention programs and services, long term contraceptive bulk purchasing program, and special projects Funding Source(s):	Federal 700,100 Restricted 5,033,300
<i>Related Boilerplate Section(s): 1104, 1108, 1110, 1111, 1113</i>			
Prenatal care outreach and service delivery support	3,049,300	FTEs and related costs for prenatal care outreach and enrollment services and support for low-income and uninsured women, including grants to the following: Nurse Family Partnership programs serving first-time, low-income pregnant women and teenagers in 4 communities with high infant mortality rates; Building Strong Families program through MSU and County Extension in 20 counties; and other agencies Funding Source(s):	Federal 2,020,400 GF/GP 1,028,900
<i>Related Boilerplate Section(s): 1101, 1104, 1107, 1112</i>			
School health and education programs	500,000	Funds to intermediate school districts for school health education, the Michigan Model for Comprehensive School Health Education, and related materials Funding Source(s):	Restricted 500,000
<i>Related Boilerplate Section(s): 1135</i>			

Special projects – 2.0 FTE positions	6,214,900	FTEs, related costs, grants and contracts for: public health and mental health early on program; sexual abstinence education programs; fetal and infant mortality projects including nurse family partnership programs; fetal alcohol syndrome prevention and education; self-determination initiative for persons with developmental disabilities; pregnancy risk assessment monitoring and surveillance; oral disease prevention and education; universal newborn hearing screening; maternal mortality study; safe delivery of newborns hotline; early hearing detection and intervention, comprehensive early childhood system planning; and new funding for safe delivery of newborns act website Funding Source(s): Federal 5,084,900 Restricted 1,100,000 GF/GP 30,000
<i>Related Boilerplate Section(s): 1106a, 1114, 1132</i>		
Sudden infant death syndrome program	321,300	Autopsies, grief counseling, follow-up and referral services for parents who have lost a child to sudden infant death syndrome, and for risk reduction education, reporting, and surveillance Funding Source(s): Federal 321,300
<i>Related Boilerplate Section(s): None</i>		
GROSS APPROPRIATION	\$44,102,700	Total of all applicable line item appropriations
Total federal revenue	30,411,300	Includes the following federal grants: preventive health and health services block, maternal and child health services block, childhood lead poisoning prevention and surveillance, Title XIX Medicaid, Title X family planning, early-on for infants and families with disabilities, oral disease prevention, pregnancy risk assessment monitoring system (PRAMS), universal newborn hearing screening, early hearing detection and intervention, fetal alcohol syndrome prevention, Michigan abstinence partnership abstinence education, special projects of regional and national significance (SPRANS) state systems development initiative (SSDI), comprehensive school health education, and closing the health gap on infant mortality: African-American-focused risk reduction
Total state restricted revenue	8,664,000	Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)
GENERAL FUND/ GENERAL PURPOSE	\$5,027,400	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 114: WOMEN, INFANTS, AND CHILDREN FOOD AND NUTRITION PROGRAM

This appropriation unit provides funding for supplemental nutritious foods, nutrition education, and referrals for health care to low-income pregnant, breastfeeding and postpartum women, and infants and children to age five determined to be at nutritional risk.

Full-time equated classified positions	41.0	Full-time equated (FTE) positions in the state classified service
Women, infants, and children program administration and special projects – 41.0 FTE positions	\$6,681,000	<p>FTEs, contractual services, supplies, and other related costs to administer Women, Infants, and Children (WIC) Food and Nutrition Programs and special projects: WIC farmer's market nutrition program (Project FRESH), WIC breastfeeding peer counseling, review of counseling methods to improve consumption of fruits and vegetables among WIC participants, and annual WIC infrastructure projects such as implementation of electronic benefits system</p> <p style="text-align: right;">Funding Source(s): Federal 6,397,100 Private 283,900</p> <p style="text-align: right;"><i>Related Boilerplate Section(s): 1101, 1151, 1152</i></p>
Women, infants, and children program local agreements and food costs	179,272,000	<p>Federal program of funding for grants to local public health departments and other agencies to provide nutritional food, infant formula, and counseling and education on nutrition, health, and breast-feeding to at-risk pregnant women and new mothers, infants, and children up to age five; referrals to health care and other services, local program administration, and local enrollment of participants. Rebate funds from infant formula manufacturers support food costs per federal program regulations</p> <p style="text-align: right;">Funding Source(s): Federal 126,317,800 Private 52,954,200</p> <p style="text-align: right;"><i>Related Boilerplate Section(s): 1101, 1152</i></p>
GROSS APPROPRIATION	\$185,953,000	Total of all applicable line item appropriations
Total federal revenue	132,714,900	Includes the following grants: special supplemental nutrition program for WIC, farmer's market nutrition program for WIC, WIC infrastructure, WIC special project revitalizing quality nutrition services
Total private revenue	53,238,100	Rebates from infant formula manufacturers for WIC program, and revenue from private companies related to farmer's market nutrition programs
GENERAL FUND/ GENERAL PURPOSE	\$0	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

Total federal revenue	90,016,200	Includes maternal and child health block grant, and Title XIX Medicaid funds
Total private revenue	1,000,000	Individual and corporate donations; payments from health plans for mailing directory of plans
Total state restricted revenue	2,584,500	Includes funds from repayment agreements and fees associated with CSHCS programs
GENERAL FUND/ GENERAL PURPOSE	\$91,474,100	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 116: OFFICE OF DRUG CONTROL POLICY

This appropriation unit provides funding for the Office of Drug Control Policy for the purpose of reducing and preventing the use of illegal drugs and strengthening enforcement, prosecution, and drug testing systems through grants and contracts with law enforcement agencies, educational providers, and other agencies.

Full-time equated classified positions	16.0	Full-time equated (FTE) positions in the state classified service
Drug control policy – 16.0 FTE positions	\$2,104,600	FTEs, related costs, and contracts to administer policies and programs and to distribute grant funds related to drug law enforcement, prosecution, treatment, and drug education and prevention <div style="text-align: right; margin-top: 5px;"> Funding Source(s): Federal 1,729,200 GF/GP 375,400 </div>
<i>Related Boilerplate Section(s): None</i>		
Anti-drug abuse grants	16,105,400	Grants for state and local efforts to reduce supply of and demand for illegal drugs, and to support state and local criminal justice efforts: projects include multi-jurisdictional task force drug teams, drug treatment courts, residential substance abuse treatment in prisons and jails, community policing strategies, juvenile intervention strategies, family and domestic violence strategies, criminal history records improvement, safe and drug-free schools and communities drug abuse and violence prevention programs, and local correctional resource <div style="text-align: right; margin-top: 5px;"> Funding Source(s): Federal 14,870,300 GF/GP 1,235,100 </div>
<i>Related Boilerplate Section(s): None</i>		
Interdepartmental grant to Judiciary for drug treatment courts	1,800,000	Federal Byrne grant funds provided to the Judicial Branch, State Court Administrative Office, for drug treatment courts designed to divert felony offenders from prison beds and enable offenders to receive substance abuse treatment and other support services <div style="text-align: right; margin-top: 5px;"> Funding Source(s): Federal 1,800,000 </div>
<i>Related Boilerplate Section(s): 1250</i>		
GROSS APPROPRIATION	\$20,010,000	Total of all applicable line item appropriations
Total federal revenue	18,399,500	Byrne justice assistance grant, residential substance abuse treatment grant for state prisoners (RSAT), safe and drug free schools and communities grants including Governor's discretionary funds
GENERAL FUND/ GENERAL PURPOSE	\$1,610,500	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 118: OFFICE OF SERVICES TO THE AGING

This appropriation unit provides funding for the Office of Services to the Aging to promote independence and enhance the dignity of Michigan's older persons and their families through supportive programs, services, policies and advocacy. Fifteen members appointed by the Governor comprise the Commission on Services to the Aging.

Full-time equated classified positions	36.5	Full-time (FTE) equated positions in the state classified service
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Commission (per diem \$50.00)	\$10,500	Per diem costs of commissioners attending monthly meetings and mandated state plan hearings. The Commission on Services to the Aging advises the Governor, Legislature, and Office of Services to the Aging on matters relating to policies and programs for older persons in Michigan, and approves funds for services administered under the federal Older Americans Act of 1965, as amended, and the Older Michigianians Act of 1981
		Funding Source(s): GF/GP 10,500

Related Boilerplate Section(s): None

Office of services to aging administration – 36.5 FTE positions	5,324,100	FTEs, related costs, and contracts to develop, implement, and administer a State Plan for Services to Michigan's Older Citizens in accordance with federal and state statutory requirements; state long term care ombudsman; and senior farmer's market nutrition program
		Funding Source(s): Federal 3,240,000 Private 105,000 GF/GP 1,979,100

Related Boilerplate Section(s): None

Community services	35,204,200	<p>Grants to regional Area Agencies on Aging for the following:</p> <p><u>Access to Local Services</u>: information, outreach, case coordination, transportation</p> <p><u>Alternative Care Services</u>: in-home services, adult day care</p> <p><u>Care Management Services</u>: plan for and manage various services to allow frail elderly to live independently at home</p> <p><u>Community Services</u>: health education and wellness, health screening, counseling, home repair, and legal assistance</p> <p><u>Elder Abuse Prevention</u>: education and training coordination in collaboration with local and statewide organizations</p> <p><u>In-Home Services</u>: for frail elderly including homemaker services, personal care, chore services, and home health aide services</p> <p><u>Long Term Care Ombudsman</u>: local advocacy services to protect rights, health, safety, and welfare of residents of long-term care facilities and family members</p> <p><u>Medicare Medicaid Assistance Program</u>: benefits information, counseling, and assistance for seniors with Medicare and Medicaid, long term care insurance, supplemental policies, and filing claims</p> <p><u>National Family Caregiver Support Program</u>: information, assistance, access, counseling and support, caregiver training, respite care, and supplemental services for informal caregivers</p> <p><u>Preventive Health Services</u>: disease prevention and health promotion information and services</p>									
		<table> <tr> <td>Funding Source(s):</td> <td>Federal</td> <td>20,349,900</td> </tr> <tr> <td></td> <td>GF/GP</td> <td>14,854,300</td> </tr> </table>	Funding Source(s):	Federal	20,349,900		GF/GP	14,854,300			
Funding Source(s):	Federal	20,349,900									
	GF/GP	14,854,300									
		<i>Related Boilerplate Section(s): 1401, 1404, 1416</i>									
Nutrition services	37,290,500	<p>Grants to regional Area Agencies on Aging for food and nutrition services for vulnerable elderly adults including: at least one hot or other appropriate meal per day in congregate setting or as a home-delivered meal, and nutrition education services; per-meal reimbursement from federal Department of Agriculture to provide congregate and home-delivered meals</p>									
		<table> <tr> <td>Funding Source(s):</td> <td>Federal</td> <td>25,843,200</td> </tr> <tr> <td></td> <td>Restricted</td> <td>167,000</td> </tr> <tr> <td></td> <td>GF/GP</td> <td>11,280,300</td> </tr> </table>	Funding Source(s):	Federal	25,843,200		Restricted	167,000		GF/GP	11,280,300
Funding Source(s):	Federal	25,843,200									
	Restricted	167,000									
	GF/GP	11,280,300									
		<i>Related Boilerplate Section(s): 1401, 1403</i>									
Foster grandparent volunteer program	2,813,500	<p>Grants to local agencies for the Foster Grandparent Program: low-income seniors volunteer 20 hours per week to assist children and youth who need personal attention and special help; a stipend is paid to volunteers</p>									
		<table> <tr> <td>Funding Source(s):</td> <td>GF/GP</td> <td>2,813,500</td> </tr> </table>	Funding Source(s):	GF/GP	2,813,500						
Funding Source(s):	GF/GP	2,813,500									
		<i>Related Boilerplate Section(s): None</i>									
Retired and senior volunteer program	790,200	<p>Grants to local agencies for the Retired and Senior Volunteer Program to support community senior citizen volunteers</p>									
		<table> <tr> <td>Funding Source(s):</td> <td>GF/GP</td> <td>790,200</td> </tr> </table>	Funding Source(s):	GF/GP	790,200						
Funding Source(s):	GF/GP	790,200									
		<i>Related Boilerplate Section(s): None</i>									
Senior companion volunteer program	2,021,200	<p>Grants to local agencies for the Senior Companion Program: low-income seniors provide 20 hours per week of individualized care and assistance to frail and at-risk adults; a stipend is paid to volunteers</p>									
		<table> <tr> <td>Funding Source(s):</td> <td>GF/GP</td> <td>2,021,200</td> </tr> </table>	Funding Source(s):	GF/GP	2,021,200						
Funding Source(s):	GF/GP	2,021,200									
		<i>Related Boilerplate Section(s): None</i>									

Employment assistance	2,818,300	Grants to regional Area Agencies on Aging to administer federal Senior Community Service Employment Program to provide subsidized part-time community service employment opportunities for low-income seniors Funding Source(s): Federal 2,818,300
<i>Related Boilerplate Section(s): None</i>		
Respite care program	7,600,000	Grants to regional Area Agencies on Aging for respite care services to assist family caregivers providing care to an elderly person in need of constant supervision; respite may be provided in the home or in an adult day care setting Funding Source(s): Merit Award 5,000,000 Restricted 2,600,000
<i>Related Boilerplate Section(s): 1404, 1406</i>		
GROSS APPROPRIATION	\$93,872,500	Total of all applicable line item appropriations
Total federal revenue	52,251,400	Federal revenue includes: Older Americans Act Title III grants for supportive services, disease prevention, nutrition services, and national family caregiver support, Title V senior community service employment grants, Title VII grants for prevention of elder abuse and long-term care ombudsman, Social Security Act Title XIX Medicaid funds, U.S. Department of Agriculture commodity supplement funds, and Centers for Medicare and Medicaid Services (CMS) research demonstration and evaluation grant
Total private revenue	105,000	Private contributions collected by county cooperative extension agencies to support administration of Senior Farmer's Market Nutrition programs
Merit Award Trust Fund	5,000,000	State revenue from 1998 master settlement agreement with tobacco companies
Total state restricted revenue	2,767,000	Senior Care Respite Fund revenue from escheats to the state (from uncashed benefits paid by a nonprofit health care corporation), and Healthy Michigan Fund revenue from cigarette tax (3.75% of gross collections)
GENERAL FUND/ GENERAL PURPOSE	\$33,749,100	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 119: MICHIGAN FIRST HEALTHCARE PLAN

This appropriation unit contains funding used to match existing Michigan funds to create the Michigan First Healthcare Plan, a plan to extend basic, low-cost health insurance coverage to uninsured Michigan residents.

Michigan first healthcare plan	\$100,000,000	Funding used to match existing Michigan funds to create the Michigan First Healthcare Plan. Health insurance coverage would be provided to currently uninsured Michigan residents. The plan would require federal approval
		Funding Source(s): Federal 100,000,000

Related Boilerplate Section(s): 1501, 1502, 1503

GROSS APPROPRIATION	\$100,000,000	Total of all applicable line item appropriations
Total federal revenue	100,000,000	Federal Title XIX Medicaid funds
GENERAL FUND/ GENERAL PURPOSE	\$0	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

Hospice services	64,181,300	Health services to Medicaid eligible individuals who are terminally ill with a life expectancy of six months or less. Beneficiaries receive physician care, nursing care, social work, counseling in their home, in an adult foster care facility, boarding home, and home for the aged or assisted living facility
		Funding Source(s): Federal 36,185,400 GF/GP 27,995,900
		<i>Related Boilerplate Section(s): 1683</i>
Transportation	9,765,200	Non-emergency transportation costs paid through local DHS offices for Medicaid recipients to obtain regular medical care
		Funding Source(s): Federal 4,882,700 GF/GP 4,882,500
		<i>Related Boilerplate Section(s): None</i>
Auxiliary medical services	5,621,300	Chiropractic, hearing, speech, and vision services covered by Medicaid program
		Funding Source(s): Federal 3,493,000 GF/GP 2,128,300
		<i>Related Boilerplate Section(s): 1630, 1631, 1728, 1730, 1735</i>
Dental services	101,750,800	Dental services covered by Medicaid program
		Funding Source(s): Federal 57,367,100 GF/GP 44,383,700
		<i>Related Boilerplate Section(s): 1630, 1631, 1633, 1713, 1730</i>
Ambulance services	11,376,000	Medicaid covered emergency medical transportation and medically necessary non-emergency transportation services
		Funding Source(s): Federal 6,499,400 GF/GP 4,876,600
		<i>Related Boilerplate Section(s): 1634</i>
Long-term care services	1,594,415,800	Long-term care services to Medicaid eligible persons in nursing home settings, county medical care facilities (MCFs), and hospital chronic care units (CCUs)
		Funding Source(s): Federal 898,447,000 Local 6,618,800 Merit Award 30,500,000 Restricted 647,455,000 GF/GP 11,395,000
		<i>Related Boilerplate Section(s): 1641, 1680, 1682, 1685, 1687, 1721, 1732, 1741, 1759</i>
Medicaid home- and community-based services waiver	100,000,000	Non-institutional services including case management, personal care, homemaker services, home delivered meals, transportation, respite care, adult day care, medical supplies and equipment, and private duty nursing are provided to the elderly and disabled that enable them to remain in their home
		Funding Source(s): Federal 54,861,600 GF/GP 45,138,400
		<i>Related Boilerplate Section(s): 1681, 1684, 1689, 1710</i>

Adult home help services	221,924,000	Adult home help services to Medicaid eligible aged, blind, and disabled persons which enable them to remain in independent living arrangements. Covered services include assistance with eating, toileting, bathing, dressing, taking medication, shopping, housecleaning, meal preparation, and laundry services Funding Source(s): Federal 125,120,800 GF/GP 96,803,200
<i>Related Boilerplate Section(s): 1691, 1718, 1747</i>		
Personal care services	25,509,700	Payment made directly to an adult foster care home or home for the aged to support personal care service needs of Medicaid eligibles Funding Source(s): Federal 14,382,400 GF/GP 11,127,300
<i>Related Boilerplate Section(s): 1688, 1746</i>		
Program of all-inclusive care for the elderly	11,200,000	Social and medical services for frail, elderly individuals that meet Medicaid's criteria for nursing facility level of care. This is a capitated benefit authorized by the Balanced Budget Act of 1997 (BBA) that provides a comprehensive service delivery system and integrated Medicare and Medicaid financing permitting participants to continue living at home while receiving services rather than being institutionalized. A single PACE organization becomes the sole source of services for Medicare and Medicaid beneficiaries who choose to enroll Funding Source(s): Federal 6,314,600 GF/GP 4,885,400
<i>Related Boilerplate Section(s): None</i>		
Single point of entry	9,000,000	Funds 4 Medicaid long-term care single point of entry services pilot projects. Single point of entry is a system that enables consumers to access Medicaid long-term care services and supports through one agency or organization and that promotes consumer education and choice of long-term care options Funding Source(s): Federal 4,500,000 GF/GP 4,500,000
<i>Related Boilerplate Section(s): 1686</i>		
Health plan services	2,484,260,000	Comprehensive medical services provided by health maintenance organizations enrolled as Medicaid qualified health plans and reimbursed through a fixed capitation fee Funding Source(s): Federal 1,403,338,600 Local 3,665,000 Merit Award 103,800,000 Restricted 440,891,300 GF/GP 532,565,100
<i>Related Boilerplate Section(s): 1647, 1650, 1651, 1653, 1654, 1655, 1656, 1657, 1658, 1659, 1660, 1661, 1662, 1666, 1699, 1701, 1711, 1739, 1740, 1749, 1751, 1752, 1753, 1764</i>		
MICChild program	46,575,600	Comprehensive health care services to non-Medicaid eligible low-income children in households with income up to 200% of poverty Funding Source(s): Federal 34,956,000 GF/GP 11,619,600
<i>Related Boilerplate Section(s): 1627, 1670, 1671, 1673, 1677</i>		

Medicaid adult benefits waiver	122,239,500	Health care coverage for caretaker relatives and other non-disabled adults who qualify for Medicaid	
		Funding Source(s):	Federal 85,098,000 Local 6,653,800 Restricted 6,100,000 GF/GP 24,387,700
<i>Related Boilerplate Section(s): 1716, 1731</i>			
County indigent care and third share plans	88,518,500	Health care coverage through county indigent care agreements for former State Medical Program eligible persons, indigent care recipients, and other low income uninsured adults. Third Share Plans provide health care coverage through medical insurance for low-income working families not eligible for Medicaid; plans are funded by equal support from employees, employers and counties	
		Funding Source(s):	Federal 49,906,700 Local 38,611,800
<i>Related Boilerplate Section(s): None</i>			
Federal Medicare pharmaceutical program	177,800,000	Phased-down state contribution (clawback provision) as required by Medicare Part D drug program	
		Funding Source(s):	GF/GP 177,800,000
<i>Related Boilerplate Section(s): None</i>			
Promotion of healthy behavior waiver	10,000,000	Federal funds that will permit the state to provide financial incentives for positive health behavior practiced by Medicaid recipients	
		Funding Source(s):	Federal 10,000,000
<i>Related Boilerplate Section(s): 1734</i>			
Maternal and child health	20,279,500	Payments to local health departments providing maternal and child health services under Title V of Social Security Act for difference between their actual costs and Medicaid payment rate	
		Funding Source(s):	Federal 20,279,500
<i>Related Boilerplate Section(s): None</i>			
Social services to the physically disabled	1,344,900	Assistance to physically disabled adults to establish independent living arrangements and other supportive services to enable them to become more self-sufficient	
		Funding Source(s):	GF/GP 1,344,900
<i>Related Boilerplate Section(s): None</i>			
Subtotal basic medical services program	6,931,010,300	Total authorization for regular Medicaid, MICHild, MIFamily, EPIC and other medical services programs	
School-based services	76,235,400	Federal Medicaid funds paid to local school districts for language, speech, hearing, nursing services, counseling, physical and occupational therapy, and health screening services for Medicaid eligible students in school settings	
		Funding Source(s):	Federal 76,235,400
<i>Related Boilerplate Section(s): 1692, 1697</i>			

Special Medicaid reimbursement	290,892,100	Special payments to various health providers which allow the state to earn additional federal Medicaid funds
		Funding Source(s):
		Federal 164,069,300
		Local 9,948,300
		Restricted 115,874,500
		GF/GP 1,000,000
<i>Related Boilerplate Section(s): 1693, 1694, 1722, 1742</i>		
Subtotal special medical services payments	367,127,500	Total authorization for Medicaid school based services and special adjustor payments
GROSS APPROPRIATION	\$7,298,137,800	Total of all applicable line item appropriations
Total federal revenue	4,130,819,100	Federal Title XIX Medicaid funds, Title XXI Children's Health Insurance Program funds, and other federal revenue sources
Total local revenue	65,497,700	From county indigent care programs, county maintenance of effort payments for medical care facilities, and Medicaid special adjustor payments
Merit Award Trust Fund	170,800,000	State revenue from 1998 master settlement agreement with tobacco companies
Total state restricted revenue	1,475,211,000	From 1987 Cigarette Tax, Healthy Michigan Fund, Medicaid Benefits Trust Fund, provider assessments, intergovernmental transfers, and special financing
GENERAL FUND/ GENERAL PURPOSE	\$1,455,810,000	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue

SECTION 122: INFORMATION TECHNOLOGY

This appropriation unit contains funds for information technology services and projects administered by the Department of Information Technology (DIT) that was created pursuant to Executive Order 2001-3.

Information technology services and projects	\$31,427,000	Information technology services/projects administered by DIT and user fees for these projects and services
		Funding Source(s):
		Federal
		Restricted
		GF/GP
		19,296,400
		3,056,900
		9,073,700

Related Boilerplate Section(s): 259, 260

Michigan Medicaid information system	100	Placeholder for funds to be used to upgrade medical services claims processing system which requires approval from Centers for Medicare and Medicaid Services
		Funding Source(s):
		Federal
		100

Related Boilerplate Section(s): 261

GROSS APPROPRIATION	\$31,427,100	Total of all applicable line item appropriations
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Total federal revenue	19,296,500	Includes Medicaid (Title XIX), WIC revenue which includes electronic benefit transfer grant, substance abuse block grant, Victim of Crime Act grant, and Social Security Administration electronic death registry grant
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Total state restricted revenue	3,056,900	Includes vital record fees, health systems fees/collections, fees assessed against convicted defendants deposited in Crime Victim's Rights Services Fund, newborn screening fees, first/third party revenue, and Health Professional Regulatory Fund
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GENERAL FUND/ GENERAL PURPOSE	\$9,073,700	The state's primary operating fund; the portion of the state's General Fund that does not include restricted revenue
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BOILERPLATE SECTION INFORMATION

GENERAL SECTIONS

Sec. 201. State Spending

Total FY 2006-07 state spending from state resources under Part 1 and state spending from state resources to be paid to local units of government.

Sec. 202. Authorized Appropriations

Provides that appropriations authorized under this act are subject to Management and Budget Act. Provides that funds in which the state acts as a custodian or agent are not subject to an annual appropriation.

Sec. 203. Terms and Acronyms

Provides definitions for terms and acronyms used in this act.

Sec. 204. Civil Service Charges

Requires Department of Civil Service to bill DCH at the end of the first fiscal quarter for the 1% charge authorized by State Constitution of 1963. Requires payments for total billing be made by end of the second fiscal quarter.

Sec. 205. Hiring Freeze

Imposes hiring freeze on state classified civil service employees, except internal transfers of classified employees from one position to another within a department or when freeze would result in Department being unable to deliver basic services, cause loss of revenue to the state, and result in inability of the state to receive federal funds. Requires quarterly report to Chairpersons of House and Senate Appropriations Committees on number of exceptions to hiring freeze.

Sec. 208. Internet Reporting Requirements

Requires Department to use the Internet to fulfill the reporting requirements of this act.

Sec. 209. American Goods or Services and Michigan Goods or Services

Prohibits purchase of foreign goods or services, or both, if competitively priced and comparable quality American goods or services, or both, are available; prohibits purchase of out-of-state goods or services, or both, if competitively priced and comparable quality Michigan goods or services, or both, are available.

Sec. 210. Businesses in Deprived and Depressed Communities

Requires DCH to take all reasonable steps to ensure businesses in deprived and depressed communities compete for and perform contracts to provide services or supplies, or both.

Sec. 211. Fee Revenue

Allows fee revenue to be carried forward, with approval of State Budget Director, into the next fiscal year and to be used as the first source of funding in that fiscal year.

Sec. 212. Caps on Funds Expended

Caps funds expended from federal maternal and child health block grant, federal preventive health and health services block grant, federal substance abuse block grant, healthy Michigan fund, and Michigan health initiative fund. Requires report by February 1, 2007, on FY 2006-07 appropriation fund sources by line item; requires report on amount and source of funds to support FY 2007-08 Executive Budget Recommendation upon budget release. Requires all revenue source detail for consolidated revenue line item detail to be provided on request to DCH.

Sec. 213. Report on Tobacco Tax Funds

Requires state departments, agencies, and commissions receiving tobacco tax funds to report on programs utilizing these funds by April 1, 2007, to House and Senate Appropriations Committees, House and Senate Fiscal Agencies, and State Budget Director.

Sec. 214. Use of Tobacco Tax Revenue

Prohibits using tobacco tax revenue deposited in healthy Michigan fund for lobbying as defined in 1978 PA 472.

Sec. 216. Use of Prior-Year Revenue

Allows use of prior-year revenue for write-offs of accounts receivables, deferrals, and prior-year obligations. Does not limit Department's ability to satisfy appropriation deductions in Part 1 to collections and accruals provided in the current fiscal year. Requires Department to report by March 15, 2007, on all reimbursements, refunds, adjustments, and settlements from prior years to House and Senate Appropriations Subcommittees on Community Health.

Sec. 218. Basic Health Services

Lists basic health services embodied in Part 23 of the Public Health Code that are to be available and accessible throughout the state.

Sec. 219. DCH Contracts with the Michigan Public Health Institute

Allows Department to contract with Michigan Public Health Institute for design and implementation of projects and other public health related activities. Requires Department to report on each funded project by November 1, 2006, and May 1, 2007, to House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director. Provides that reports not received by specified dates will result in nondisbursement of funds to the Institute until overdue reports are received. Requires Department to provide copies of all reports, studies, and publications produced by the Institute by September 30, 2007.

Sec. 220. Audits of Michigan Public Health Institute Contracts

Requires all contracts with Michigan Public Health Institute that are funded with Part 1 appropriations to include a provision requiring financial and performance audits by the State Auditor General.

Sec. 223. Fees for Publications, Videos, Conferences, and Workshops

Allows Department to establish and collect fees for publications, videos and related materials, conferences, and workshops. Requires collected fees to be used to offset expenditures for printing and mailing costs of publications, videos and related materials, and costs of conferences and workshops.

Sec. 259. User Fees for Information Technology (IT) Services and Projects

Requires departments and agencies to pay user fees to Department of Information Technology (DIT) for technology-related services and projects from Part 1 appropriated funds for IT. Subjects user fees to provisions of an interagency agreement between department and agencies, and DIT.

Sec. 260. Information Technology (IT) Work Projects

Allows designation of Part 1 appropriated funds for IT as work projects and carried forward. Provides that funds designated for work projects are not available for expenditure until approved as work projects under Section 451a of the Management and Budget Act.

Sec. 261. Medicaid Management Information System Upgrade

Provides that Part 1 appropriated funds for Medicaid management information system upgrade are contingent upon approval of an advanced planning document from Centers for Medicare and Medicaid services. Permits the appropriation to be designated as work project and carried forward to support completion of the project.

Sec. 264. Submission of Medicaid Waiver

Requires Department to notify House and Senate Appropriations Subcommittees on Community Health and House and Senate Fiscal Agencies upon the submission of a Medicaid waiver, a Medicaid state plan amendment, or similar proposal to the Centers for Medicare and Medicaid Services.

Sec. 265. Retention of Reports

Requires departments and agencies receiving Part 1 appropriations to receive and retain copies of all reports funded from Part 1 appropriations.

Sec. 266. Out-of-State Travel

Limits out-of-state travel to when it is required by legal mandate, necessary to protect the health or safety of Michigan citizens, necessary to produce budgetary savings or increase state revenue, necessary to comply with federal requirements, necessary to secure specialized training for staff, or financed entirely by federal or nonstate funds, except if travel is granted an exception by the State Budget Director. Requires Department to prepare an out-of-state travel report for the preceding fiscal year by January 1, 2007.

Sec. 267. Disciplinary Action Against State Employee

Prohibits Department from taking disciplinary action against an employee for communicating with a member of the Legislature or his/her staff.

Sec. 269. Reimbursement of Antipsychotic and Antidepressant Prescriptions

Specifies conditions in which prepaid inpatient health plans (PIHPs) and Medicaid health plans are reimbursed for antipsychotic and antidepressant prescriptions under the Medicaid program. Requires DCH to provide quarterly reports to House, Senate, and House and Senate Fiscal Agencies on coordination of psychotropic medications.

Sec. 270. Notification from Attorney General on Legal Actions

Requires Department to provide written report on total amounts recovered from legal actions, programs or services for which monies were expended, details on the disposition of funds recovered from legal actions, and descriptions of facts involved in legal actions within 30 days after receipt of notice from the Attorney General of legal actions in which expenses have been recovered.

DEPARTMENTWIDE ADMINISTRATION

Sec. 301. Worker's Compensation Funds

Allows Department to make payment from funds appropriated for worker's compensation for wage and salary and related fringe benefits for employees who return to work under limited duty assignments.

Sec. 303. First-Party Payments for Mental Health Services

Prohibits DCH from requiring first-party payments from individuals or families with taxable income of \$10,000 or less for mental health services for determinations made in accordance with Section 818 of Mental Health Code.

MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS

Sec. 350. Michigan Protection and Advocacy Services

Allows Department to enter into contract with Michigan Protection and Advocacy Services or similar organization to provide legal services for gaining and maintaining occupancy in a community living arrangement under lease or contract with DCH or CMHSPs to provide services to persons with mental illness or developmental disability.

Sec. 351. Methamphetamine Cleanup Fund

Requires Department to allow local governments to apply for money to cover their administrative costs associated with methamphetamine cleanup efforts from appropriated Part 1 funds. Specifies funds allocated for administrative costs shall not exceed \$800 per property.

COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAMS

Sec. 401. Comprehensive System of CMH Services

Provides that Part 1 appropriated funds are to support a comprehensive system of CMH services under full authority and responsibility of local CMHSPs or specialty prepaid health plans (PHPs). Requires Department to ensure that each CMHSP or specialty PHP provides a complete array of mental health services, coordination of inpatient and outpatient hospital services, individualized plans of services, a case management system, and a system that serves at-risk and delinquent youth pursuant to provisions of the Mental Health Code.

Sec. 402. Contracts Between the Department and CMHSPs

Requires final authorizations to CMHSPs or specialty PHP be made upon execution of contracts between DCH and CMHSPs or specialty PHPs. Requires each contract with a CMHSP or specialty PHP to include provision that it is not valid unless total dollar obligation of all contracts entered into between DCH and CMHSPs or specialty PHPs for FY 2006-07 does not exceed Part 1 appropriations. Requires DCH to report immediately to House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director if there are new contracts or amendments to contracts with CMHSPs or specialty PHPs that would affect enacted rates or expenditures.

Sec. 403. Multicultural Service Providers

Requires DCH to ensure CMHSPs or specialty PHPs meet with multicultural service providers to develop a workable framework for contracting, service delivery, and reimbursement.

Sec. 404. Report on CMHSPs

Requires Department to provide a report by May 31, 2007, on the following for CMHSPs or specialty PHPs: expenditures and services data; information about access to CMHSPs; lapses and carry-forwards during FY 2005-06; information on the CMH Medicaid managed care program; and performance indicator information required to be submitted to DCH in contracts with CMHSPs or specialty PHPs.

Sec. 405. Wage Increase to Direct Care Workers

States legislative intent that the wage increase funded in previous years for direct care workers in local residential settings, and settings where skill building, community living supports and training, and personal care services are provided continue to be paid. Specifies that funds appropriated for Medicaid mental health services be utilized for providing a 2% wage increase to direct care workers, effective October 1, 2006.

Sec. 406. Appropriations for State Disability Assistance Substance Abuse Services Program

Requires funds appropriated for state disability assistance substance abuse services program be used to support per diem and board payments in substance abuse residential facilities. Requires DCH to reimburse all eligible licensed substance abuse programs at a rate equivalent to that paid by DHS to adult foster care providers.

Sec. 407. Substance Abuse Prevention, Education, and Treatment Grants

Requires appropriations for substance abuse prevention, education, and treatment grants be expended for contracting with coordinating agencies. Requires coordinating agencies work with CMHSPs or specialty PHPs to coordinate services provided to individuals with both mental illness and substance abuse diagnoses. Requires Department to approve a fee schedule for providing substance abuse services and charge participants in accordance with their ability to pay.

Sec. 408. Report on Substance Abuse Prevention, Education, and Treatment Programs

Requires Department to report by April 15, 2007, on expenditures and services data on substance abuse prevention, education, and treatment programs for FY 2005-06.

Sec. 409. Substance Abuse Services to Clients with Children

Requires funds for substance abuse services to be distributed in a manner to provide priority to service providers that furnish child care services to clients with children.

Sec. 410. Substance Abuse Treatment for DHS Recipients

Requires Department to assure that substance abuse treatment is provided to applicants and recipients of public assistance through Department of Human Services who are required to obtain substance abuse treatment as a condition of eligibility for public assistance.

Sec. 411. Jail Diversion Services for Persons with Mental Illness or Developmental Disability

Requires Department to ensure that each contract with a CMHSP or specialty PHP require the CMHSP or specialty PHP to implement programs to encourage diversions for persons with mental illness, serious emotional disturbance, or developmental disability from possible jail incarceration when appropriate. Requires each CMHSP or specialty PHP to have jail diversion services and work toward establishing relationships with representative staff of local law enforcement agencies.

Sec. 412. Non-Medicaid Substance Abuse Services

Requires Department to contract with the Salvation Army Harbor Light Program for providing non-Medicaid substance abuse services at not less than the amount contracted for in FY 2004-05.

Sec. 414. Medicaid Substance Abuse Services

Requires Medicaid substance abuse services to be managed by selected CMHSPs or specialty PHPs pursuant to Centers for Medicare and Medicaid Services' approval of Michigan's 1915(b) waiver request to implement a managed care plan for specialized substance abuse services. Authorizes selected CMHSPs or specialty PHPs to receive a capitated payment on a per eligible per month basis to assure the provision of medically necessary substance abuse services. Requires selected CMHSPs or specialty PHPs to be responsible for reimbursement of claims for specialized substance abuse services. Allows CMHSPs or specialty PHPs that are not coordinating agencies to continue to contract with a coordinating agency provided that the alternative arrangement is based on client service needs and has prior approval from DCH.

Sec. 418. Monthly Report on Medicaid Managed Mental Health Program

Requires Department to report monthly on the amount of funding paid to CMHSPs or specialty PHPs to support the Medicaid managed mental health program.

Sec. 423. Delivery of Substance Abuse Prevention, Education, and Treatment Programs

Requires Department to work cooperatively with the Departments of Human Services, Corrections, Education, State Police, and Military and Veterans Affairs, within existing appropriations, to coordinate and improve the delivery of substance abuse prevention, education, and treatment programs. Requires Department to establish a Work Group examining and reviewing the source and expenditure of funds for substance abuse programs and services. Requires Work Group to develop and recommend cost-effective measures for expenditure of funds and delivery of substance abuse programs and services.

Sec. 424. Timely Claims Process for CMHSPs

Requires CMHSPs or specialty PHPs that contract with DCH to provide services to the Medicaid population to adhere to the timely claims processing and payments procedure to claims submitted by health professionals and facilities as described in 2000 PA 187.

Sec. 425. Report on Prisoners Receiving Mental Health and Substance Abuse Services

Requires Department, in conjunction with Department of Corrections, to report by April 1, 2007, on the following FY 2005-06 data to House and Senate Appropriations Subcommittees on Community Health and Corrections, House and Senate Fiscal Agencies, and State Budget Office: the number of prisoners receiving substance abuse services; the number of prisoners with a primary diagnosis of mental illness and receiving mental health and substance abuse services; and data indicating if prisoners receiving mental health services for a primary diagnosis of mental illness and/or receiving substance abuse services were previously hospitalized in a state psychiatric hospital for persons with mental illness.

Sec. 428. Contingency Appropriation for CMHSPs

Requires CMHSPs or affiliations of CMHSPs to provide local funds from internal resources that can be used as a bona fide source for the state match required under the Medicaid program in order to increase capitation rates for CMHSPs and affiliations of CMHSPs. Requires the distribution of the rate increase to be based on a formula developed by a Committee established by the Department that includes representatives from CMHSPs or affiliations of CMHSPs and department staff.

Sec. 435. County Matching Funds to CMHSP

Directs counties required under provisions of the Mental Health Code to provide matching funds to CMHSPs for mental health services rendered to residents in its jurisdiction to pay these funds in equal installments on a quarterly basis throughout the fiscal year.

Sec. 442. Medicaid Adult Benefits Waiver Program

Expresses legislative intent that the \$40 million transferred from CMH Non-Medicaid Services to support Medicaid Adult Benefits Waiver program be used to provide state match for increases in federal funding for primary care and specialty services provided to Medicaid Adult Benefits waiver enrollees and economic increases for Medicaid Specialty Services and Supports program. Requires general fund match be transferred back to CMH Non-Medicaid Services if enrollment in Medicaid Adult Benefits Waiver program does not achieve expectations and funding for the program is not expended. Requires Department to report quarterly on a summary of eligible expenditures for the Medicaid Adult Benefits Waiver program to House and Senate Appropriations Subcommittees on Community Health.

Sec. 450. Audit and Reporting Requirements for CMHSPs

Requires Department to implement recommendations of Work Group on streamlining audit and reporting requirements for CMHSPs or specialty PHPs and contractors performing services for these entities by October 1, 2006. Requires Department to submit a report on steps taken to implement and progress of implementation of recommendations by March 31, 2007.

Sec. 452. Financial Impact on CMHSPs

Prohibits retroactive implementation of any policy that results in negative financial impact on CMHSPs or prepaid inpatient health plans (PIHPs).

Sec. 456. Consumer Choices for Mental Health Services

Requires CMHSPs and PIHPs to honor consumer choices for skill-building assistance, rehabilitative and habilitative services, supported and integrated employment services program services, and work preparatory services provided in the community or by accredited community-based rehabilitation organizations. Requires CMHSPs and PIHPs take all necessary steps to ensure that individuals with mental illness, developmental disabilities, or substance abuse issues are placed in the least restrictive settings if that is their choice.

Sec. 458. Report on Recommendations of Michigan Mental Health Commission and Cost-Benefit Analysis for Residential Facilities and Specialized Mental Health Court Program

Requires Department to report by April 15, 2007, on the following: an updated plan for implementing recommendations of the Michigan Mental Health Commission report on October 15, 2004; a cost-benefit analysis of establishing secure residential facilities of fewer than 17 beds for adults with serious mental illness; and a cost-benefit analysis of establishing specialized mental health court program that diverts adults with serious mental illness alleged to have committed an offense deemed nonserious into treatment prior to the filing of any charges.

Sec. 459. Detroit-Wayne County CMHSP

Lowers Detroit-Wayne County CMHSP non-Medicaid funds by \$3.5 million monthly, beginning on December 1, 2006, until it becomes a CMH authority. Provides that funding reductions will be restored, however, if Detroit-Wayne County CMHSP becomes an authority by September 30, 2007. Specifies that funding reductions for entity do not result in any reduction of direct services.

Sec. 460. Uniform Standards for Reporting of Administrative Costs by CMHSPs

Requires DCH to fully implement the uniform definitions, standards, and reporting of administrative costs by PIHPs, CMHSPs, and contracted organized provider systems that receive payment or reimbursements from PIHPs and CMHSPs by September 30, 2007.

Sec. 462. Funding Equity Plan for CMH Non-Medicaid Services

Requires DCH to establish Work Group to develop plan to achieve funding equity for all CMHSPs receiving funds appropriated under CMH Non-Medicaid Services; plan, at a minimum, to establish payment or scale to ensure each CMHSP is paid and/or reimbursed equally based on recipient's diagnosis or individual plan of service to meet recipient's needs.

Sec. 463. Program Evaluation Measures for Substance Abuse Services

Directs Department to establish standard program evaluation measures to assess effectiveness of programs provided through coordinating agencies and service providers in reducing and preventing incidence of substance abuse.

Sec. 464. Liquor License Fees

Expresses legislative intent that revenue received by DCH from liquor license fees is to be expended only to fund programs for prevention, rehabilitation, care, and treatment of alcoholics pursuant to Liquor Control Code provisions.

Sec. 465. Respite Services

Requires that funds appropriated for respite services be used for direct respite care services for children with serious emotional disturbances and their families. Specifies that no more than 1% of the funds allocated for respite services be expended by CMHSPs for administration and administrative purposes.

Sec. 467. Funding for Community Substance Abuse Prevention, Education, and Treatment Programs

Requires DCH to increase funding paid from the Community Substance Abuse Prevention, Education, and Treatment Programs line item to coordinating agencies to the level provided in FY 2002-03, if funds become available.

Sec. 468. Incorporation of Coordinating Agencies into CMH Authorities

Requires Department to recommend changes in its criteria for the incorporation of a city, county, or regional substance abuse coordinating agency into a local CMH authority. Permits Department to make accommodations or adjustments in formula distribution to coordinating agencies provided all of the following: funding not exceeding \$75,000 is provided to any coordinating agency for administrative costs incurred by incorporating into a CMH authority; accommodations or adjustments do not favor coordinating agencies who voluntarily elect to integrate with CMH authorities; and accommodations or adjustments do not negatively affect other coordinating agencies.

Sec. 470. Integration of Mental Health and Substance Abuse Services

Specifies that DCH establish written expectations, such as coordination and consolidation of administrative functions, for CMHSPs, PIHPs, coordinating agencies, and counties on the integration of mental health and substance abuse services for those coordinating agencies that have voluntarily incorporated into CMH authorities and accepted funding from DCH for administrative costs incurred when incorporating into authorities.

Sec. 471. Administrative Costs for Coordinating Agencies

Limits administrative costs for coordinating agencies and Salvation Army Harbor Light Program to the same percentage of their total expenditures in FY 2004-05 or 9%, whichever is less.

Sec. 474. Guardianship of Recipients

Requires Department to ensure that each contract with a CMHSP or PIHIP requires the CMHSP or PIHP to provide each recipient and his/her family with information regarding the different types of guardianship. Expresses legislative intent that a CMHSP or PIHP does not attempt to reduce or restrict the ability of a recipient or his/her family from obtaining legal guardianship without just cause.

Sec. 475. Allocation for Jewish Federation of Metropolitan Detroit

Allocates \$990,000 to the Jewish Federation of Metropolitan Detroit from the Part 1 funds for multicultural services.

STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES

Sec. 601. Third-Party Payments and Revenue Recapture Project

Requires that priority be given to obtaining third-party payments for services in the funding of staff in the financial support division, reimbursement, billing, and collection services. Requires the collections from individual recipients of services to be handled in a sensitive and nonharassing manner. Requires Department to continue a revenue recapture project to generate additional third party revenue from cases that are closed or inactive.

Sec. 602. Gifts and Bequests

Authorizes carry forward of unexpended and unencumbered funds up to \$1,000,000 from gifts and bequests for patient living and treatment environments for one fiscal year.

Sec. 603. Forensic Mental Health Services Provided to the Department of Corrections (DOC)

Specifies that funds appropriated in Part 1 for Forensic Mental Health Services provided to DOC are in accordance with the interdepartmental plan developed in cooperation with DOC. Authorizes Department to receive and expend funds from DOC to fulfill obligations outlined in the interdepartmental agreement.

Sec. 604. Annual Reports for CMHSPs

Requires CMHSPs or specialty PHPs to provide annual reports to DCH on the following: the number of days of care purchased from state hospitals, state centers, and private hospitals; the number and type of alternative placements to state hospitals and centers other than private hospitals; and waiting lists for placements in state hospitals and centers. Requires DCH to annually report the information to House and Senate Appropriations Subcommittees on Community Health, House and Senate Fiscal Agencies, and State Budget Director.

Sec. 605. Closures or Consolidations of State Hospitals and Centers

Prohibits Department from implementing closures or consolidations of state hospitals, centers, and agencies until CMHSPs or specialty PHPs have programs and services in place for those persons currently in the facilities. Requires DCH to provide a closure plan four months after closure certification to House and Senate Appropriations Subcommittees on Community Health and State Budget Director. Requires transfer of remaining operational funds from closed state hospitals, centers, and agencies to CMHSPs or specialty PHPs responsible for providing services to these clients.

Sec. 606. Patient Reimbursement

Allows Department to collect revenue for patient reimbursement from first/third party payers, including Medicaid and local county CMHSP payers, to cover cost of placement in state hospitals and centers. Authorizes DCH to adjust financing sources for patient reimbursement based on actual revenue earned. Permits carry forward of revenue collected that exceeds current year expenditures if approved by State Budget Director.

PUBLIC HEALTH ADMINISTRATION

Sec. 650. Fish Consumption Advisory

Requires the Department to communicate the annual public health consumption advisory for sport fish, at minimum to post the advisory on the Internet and provide it to participants of the Women, Infants, and Children special supplemental nutrition program.

Sec. 651. Activities of the Surgeon General

Requires Department to report by April 30, 2007 on activities and efforts of Surgeon General to improve the health status of the citizens of the state pursuant to the goals and objectives stated in the "Healthy Michigan 2010" report, and to indicate measurable progress made.

HEALTH POLICY, REGULATION, AND PROFESSIONS

Sec. 704. Emergency Medical Services (EMS) Grantees and Contractors

Requires Department to continue to work with EMS grantees funded from Part 1 appropriations to ensure that a sufficient number of qualified EMS personnel exist to serve rural areas of the state.

Sec. 705. Internet Posting of Inspections of Nursing Homes

Requires DCH to post executive summary of latest inspection for each licensed nursing home on the Internet.

Sec. 706. Nursing Home Inspectors

Requires DCH make every effort to hire nursing home inspectors with past experience in long-term care industry.

Sec. 707. Nurse Scholarship Program

Require funds appropriated for Nurse Scholarship Program be used to increase nurses practicing in Michigan. Requires Department and Board of Nursing work cooperatively with Michigan Higher Education Assistance Authority to coordinate scholarship assistance. Encourages Board of Nursing to structure scholarships in which recipients who intend to practice nursing in this state are rewarded.

Sec. 708. Quarterly Staff Reports from Nursing Facilities

Requires nursing facilities in their quarterly reports to DCH to report on the total patient care hours provided each month and the percentage of pool staff used each month during the preceding quarter. Requires DCH to make the quarterly staff report available to the public.

Sec. 709. Michigan Essential Health Care Provider Program

Allows funds appropriated for Michigan Essential Health Care Provider Program to be used to provide loan repayment for dentists that meet the criteria established in Part 27 of the Public Health Code.

Sec. 710. Primary Care Services Funding for Health Centers

Allocates up to \$1,723,300 to enhance the service capacity of federally qualified health centers and similar health clinics providing primary care services.

Sec. 711. Customized Listings of Nonconfidential Information

Allows Department to make customized listings of nonconfidential information in its possession, such as names and addresses of licensees, available to interested entities. Allows Department to establish and collect a reasonable charge for providing this service. Requires revenue received from this service be used to offset expenses for providing the service. Requires unexpended revenue balances to revert to the appropriate restricted fund.

Sec. 712. Free Health Clinics

Allocates \$250,000 to free health clinics, nonprofit organizations that use volunteer health professions to provide care to uninsured individuals, from funds appropriated for primary care services. Requires DCH to distribute funds equally to each free health clinic.

Sec. 713. Funding for Multicultural Agencies Providing Primary Care Services

Directs Department to continue to fund multicultural agencies that provide primary care services and ensure 100% of the funds are allocated to these agencies in a timely fashion.

Sec. 714. Nursing Facility Complaint Investigations

Requires DCH to report to the Legislature on the timeliness of nursing facility complaint investigations and the number of complaints that are substantiated on an annual basis.

Sec. 715. Emergency Medical Service (EMS) Providers

Requires Department to maintain existing contractual and funding arrangements to provide testing, certification, and inspections services for EMS providers through December 31, 2006.

INFECTIOUS DISEASE CONTROL

Sec. 801. Priority for Adolescents for AIDS Prevention Services

Requires Department and its subcontractors to ensure that adolescents receive priority for AIDS prevention, education, and outreach services.

Sec. 802. AIDS Provider Education

Allows Department to provide funding to Michigan State Medical Society as lead agency for continuing the development and implementation of AIDS provider education activities.

Sec. 803. AIDS Drug Assistance Program

Directs Department to continue AIDS Drug Assistance Program maintaining prior year eligibility criteria and drug formulary, without prohibiting Department from providing assistance for improved AIDS treatment medications. Allows Department to revise criteria and formulary, consistent with federal program guidelines, if appropriation is insufficient to maintain the prior year criteria and formulary.

Sec. 804. Hepatitis C Cooperative Program with Department of Corrections

Directs Department to cooperate with Department of Corrections to share data and information regarding prisoners being released and Hepatitis C, related to the Michigan prisoner reentry initiative; and requires a report by April 1, 2007.

Sec. 805. Childhood Vaccinations

Requires the Department to work with health plans, medical providers, and pharmaceutical manufacturers to ensure that children under age 5 receive all scheduled vaccinations, including pneumococcal conjugate vaccine.

LOCAL HEALTH ADMINISTRATION AND GRANTS

Sec. 901. Informed Consent Law Reimbursement of Local Costs

Directs DCH to reimburse local health departments for costs incurred for services provided in accordance with the Informed Consent Law.

Sec. 902. Funding Penalty in Case of Dissolution of Multi-County Local Health Department

Provides authority for Department to assess a penalty on a county of up to 5% of the local health department's local public health operations funding if that county ceases to be part of a district health department or an associated arrangement with other local health departments.

Sec. 903. Lead Abatement Program Report

Directs Department to report annually on the expenditures and activities of the lead abatement program.

Sec. 904. Local Public Health Operations Allocations

Directs that local public health operations line item funds shall be prospectively allocated to local public health departments to support costs for nine state and local cost-shared services. Local public health departments will be held to contractual standards for these services. Certain of these services shall be provided in consultation with Michigan Departments of Agriculture, and Environmental Quality. Local eligibility for distributions is contingent upon local spending of at least the amount expended locally in FY 1992-93 for these services. Requires that a report on planned allocations be made available upon request by April 1, 2007.

Sec. 905. Reduced Hearing Screening and Vision Services

Allocates \$5.15 million of local public health operations line item funds to continue funding hearing and vision screening services through local public health departments at a level similar to service levels provided in fiscal year 2004-05.

CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION

Sec. 1003. Alzheimer's Disease Information and Referral Services

Allocates funds to provide information and referral services for persons with Alzheimer's disease or related disorders through regional networks.

Sec. 1006. Priority for Smoking Prevention Funding and Allocation for Quit Kits

Requires Department to give priority to prevention and smoking cessation programs for pregnant women, women with young children, and adolescents in spending smoking prevention program line item funds. Establishes allocation of \$900,000 of smoking prevention funds for the Quit Kit program that includes the nicotine patch or nicotine gum, for purposes of complying with 2004 PA 164.

Sec. 1007. Violence Prevention Program

Directs that violence prevention line item funds be used for, but not limited to, programs aimed at preventing spouse, partner or child abuse and rape, and workplace violence; directs DCH to give equal consideration to public and private nonprofit grant applicants; DCH may provide funds to local school districts.

Sec. 1008. Diabetes Management Pilot Project

Allocates \$25,000 for a diabetes management pilot project in Muskegon County from the diabetes and kidney program line item appropriation.

Sec. 1009. Grant to National Kidney Foundation of Michigan

Permits allocation of funds from the diabetes and kidney program line item to the National Kidney Foundation of Michigan for kidney disease prevention programs.

Sec. 1010. Osteoporosis Prevention and Education Funding

Allocates \$200,000 of chronic disease prevention line item funds for osteoporosis prevention and treatment education programming.

Sec. 1019. Stroke Prevention Funding

Allows Department to allocate \$50,000 of chronic disease prevention line item funds for stroke prevention, education, and outreach.

Sec. 1028. African-American Male Health Initiative Funding

Allows Department to appropriate funds for the African-American Male Health Initiative if Healthy Michigan Funds or federal Preventive Health and Health Services Block Grant funds are available.

Sec. 1029. African-American Male Health Initiative Program Participation

States legislative intent that the male participation rate in the African-American Male Health Initiative program be no less than 75%.

FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES

Sec. 1101. Reallocation of Funds for Certain Programs in Cases of Underexpenditures

Requires Department to review basis for distribution of funds to local health departments and other agencies from various programs in Family, Maternal, and Children's Health Services appropriation unit and WIC program and indicate the basis on which any projected underexpenditures are to be reallocated to other local agencies that demonstrate need.

Sec. 1104. Department Report Regarding Certain Pregnancy Planning and Prenatal Programs

Requires Department to report by April 1, 2007 on planned allocations and prior fiscal year actual service and expenditure data for local maternal and child health services, prenatal care outreach and service delivery support, family planning local agreements, and pregnancy prevention programs.

Sec. 1105. Contract with Local Agencies Best Able to Serve Clients

Requires Department to contract for services to be provided through the Family, Maternal, and Children's Health Services appropriation unit with local agencies best able to serve clients. Factors upon which to evaluate an agency's ability to serve clients are described.

Sec. 1106. Family Planning Title X Funding Compliance

Requires that family planning programs receiving federal Title X funds be in compliance with federal performance and quality assurance indicators, and that those agencies not in compliance shall not receive supplemental or reallocated funds.

Sec. 1106a. Abstinence Education Program Requirements

Establishes specific items of instruction as requirements for abstinence education programs expending federal abstinence education funds. Directs that funded programs target teenagers most likely to engage in high-risk behavior. Gives priority in allocation of funds to programs that do not provide contraceptives to minors and that strive to include parental involvement. Qualifying programs may receive such funds directly from DCH.

Sec. 1107. Prenatal Care Outreach Administrative Cost Limit

Restricts local administrative, data processing, and evaluation costs to not more than 9% of the amount appropriated for prenatal care outreach and service delivery support.

Sec. 1108. Restrictions on Use of Pregnancy Prevention Funding

Prohibits pregnancy prevention appropriation funds from being used for abortion counseling, referrals, or services.

Sec. 1109. Volunteer Dental Services Program for the Uninsured

Allocates funds from dental program line item to the Michigan Dental Association to administer a volunteer program of dental services to the uninsured; and requires a report by DCH to be made available upon request not later than December 1.

Sec. 1110. Designation of Delegate Agencies for Family Planning and Pregnancy Prevention Funds

Provides that agencies currently receiving pregnancy prevention and family planning funds shall have the option of receiving those funds directly from DCH and be designated as delegate agencies.

Sec. 1111. Allocation of Funds for Services for Family Planning and Pregnancy Prevention

Directs Department to allocate no less than 88% of family planning and pregnancy prevention line item funds for the direct provision of services.

Sec. 1112. Allocation for Communities with High Infant Mortality Rates

Allocates at least \$1,000,000 to communities with high infant mortality rates from prenatal care outreach and service delivery support line item funds.

Sec. 1113. Family Planning Patient Information

Directs service providers receiving funds appropriated for family planning local agreements or pregnancy prevention program to include an optional response field on general patient information documents requesting information on a patient's marital status.

Sec. 1114. Safe Delivery of Newborns Law Website

Allocates \$30,000 from the special projects line item for creation of an Internet website to inform and train public service and public safety agency personnel regarding the provisions of the Safe Delivery of Newborns Law; also to be available to the general public.

Sec. 1129. Report of Elevated Blood Lead Levels

Requires DCH to annually report to the Legislature from information available to DCH on the number of children with elevated blood lead levels, by county, indicating blood lead level and sources of information.

Sec. 1132. Nurse Family Partnership Program Allocation

Allocates \$400,000 to the Nurse Family Partnership Program from the special projects appropriation line item.

Sec. 1133. Infant Mortality Data Release

Requires Department to release infant mortality rate data to all local public health departments no later than 48 hours prior to releasing infant mortality rate data to the public.

Sec. 1135. School Health Education Curriculum

Establishes that provision of a school health education curriculum shall be in accordance with health education goals of the Michigan Model for Comprehensive School Health Education State Steering Committee; establishes steering committee membership; requires curriculum materials be made available upon request.

WOMEN, INFANTS, AND CHILDREN FOOD AND NUTRITION PROGRAM

Sec. 1151. Farmer's Market Nutrition Program Local Contributions

Allows Department to work with local participating agencies to define local annual contributions for the Farmer's Market Nutrition Program, Project FRESH, to enable DCH to request federal matching funds based on local commitment of funds.

Sec. 1152. Lead Testing for Children in WIC Program

Department shall require that all Medicaid children participating in the Special Supplemental Food Program for Women, Infants, and Children receive lead screening testing.

CHILDREN'S SPECIAL HEALTH CARE SERVICES

Sec. 1201. Medical Care and Treatment Reimbursement Policies

Requires payments for medical care and treatment be made consistent with reimbursement policies of Michigan medical services program.

Sec. 1202. Children's Special Health Care Services Coverage

Allows the Children's Special Health Care Services program to provide special formula for persons with certain metabolic and allergic disorders, treatment to persons age 21 or older with cystic fibrosis, genetic diagnostic and counseling services, and services to persons age 21 or older with hemophilia.

Sec. 1203. Referrals to Locally-Based Services Programs

Requires that Department refer clients of the program to the locally-based services program in their community.

OFFICE OF DRUG CONTROL POLICY

Sec. 1250. Interdepartmental Grant to Judiciary for Drug Treatment Courts

Requires the Department to provide \$1.8 million of federal Byrne formula grant program funding to the Judicial Branch as an interdepartmental grant, for local drug treatment courts.

CRIME VICTIM SERVICES COMMISSION

Sec. 1301. Grant Recipient Conditions

Requires that Crime Victim Services Commission funds granted to an organization shall not be used by that organization for lobbying, and shall not be used to attempt to influence decisions of the Legislature, Governor or any state agency. The Department shall ensure that this provision is not violated.

Sec. 1302. Allocation of Funds for Forensic Nurse Examiner Programs

Allocates up to \$50,000 for expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. Unexpended funds shall be carried forward.

Sec. 1304. Sexual Assault Evidence Collection Procedures

Requires Department to work with Department of State Police and certain statewide organizations to ensure that recommended standard procedures for emergency treatment of sexual assault victims are followed in the collection of evidence in cases of sexual assault.

OFFICE OF SERVICES TO THE AGING

Sec. 1401. Persons Who Qualify for Certain Senior Program Funding

Provides that funding for community, nutrition, and home services be restricted to eligible individuals at least 60 years of age who fail to qualify for home care services under Titles XVIII, XIX, or XX of the Social Security Act.

Sec. 1403. Home-Delivered Meals Waiting Lists

Requires regions to report home-delivered meals waiting lists to the Office of Services to the Aging and establishes standard criteria for persons to be included on the waiting list.

Sec. 1404. Authorization for Spending for Senior Day Care, Care Management, Respite Care

Allows area agencies on aging and local providers to receive and expend fees for the provision of day care, care management, respite care, and certain eligible home and community-based services. Fees shall be based on a sliding scale, taking client income into consideration, and shall be used to expand services.

Sec. 1406. Allocation of Respite Care Tobacco Settlement Funds for Direct Care

Requires that the \$5.0 million respite care appropriation of Merit Award Trust Fund monies be used only for direct respite care or adult respite care center services, and be allocated according to long-term care plan. Not more than 9% of allocation shall be expended for administrative purposes.

Sec. 1413. Support of Locally-Based Community Senior Services

Establishes legislative support of locally-based services, support of local counties in their approval of area agency on aging plans and in changing membership of area agencies on aging in their region, and legislative intent to prohibit area agencies on aging from providing direct services unless a waiver has been received from DCH.

Sec. 1416. Support for In-Home Services for Non-Medicaid Seniors

Establishes legislative commitment to provide in-home services, resources, and assistance for the frail elderly who are not being served by the Medicaid home- and community-based services waiver program.

MICHIGAN FIRST HEALTHCARE PLAN

Sec. 1501. Michigan First Healthcare Plan Funding Contingency

Requires that funding for the Michigan First Healthcare Plan is contingent on approval of a waiver from the federal government.

Sec. 1502. Michigan First Healthcare Plan Provider Determination

Requires the Department to provide a report detailing the process used to determine which insurance entities will be selected for participation in the Michigan First Healthcare Plan and that a single source contract shall not be awarded to a health plan through the Michigan First Healthcare Plan.

Sec. 1503. Provide Copy of Federal Approval of Plan/Proposal Prior to Implementation

Requires the Department to provide a copy of the federally approved Michigan First Healthcare Plan or similar proposal at least 90 days before implementing any portion of the plan, or proposal.

MEDICAL SERVICES

Sec. 1601. Remedial Services Costs and Medicaid Eligibility

Requires remedial service costs to be used in determining medically-needy eligibility for those in adult foster care and homes for the aged.

Sec. 1602. Medicaid Eligibility for the Elderly and Disabled

Provides Medicaid eligibility to low income elderly and disabled persons up to 100% of the poverty level.

Sec. 1603. Medical Services Buy-In Program

Allows Department to establish a statewide program for persons to purchase medical coverage at a rate determined by DCH.

Sec. 1604. Medicaid Eligibility Application

Specifies certain conditions of the Medicaid eligibility application process.

Sec. 1605. Medicaid Protected Income Level

Establishes the Medicaid protected income level at 100% of the public assistance standard and requires 90-day notice prior to implementation of changes in the protected income level.

Sec. 1606. Medicaid Eligibility Deduction for Guardian and Conservator Charges

Limits the allowable deduction for guardian and conservator charges to \$45 per month when determining Medicaid eligibility and patient pay amounts.

Sec. 1607. Medicaid Presumptive Eligibility for Pregnant Women

Stipulates that Medicaid applicants whose qualifying condition is pregnancy shall be presumed to be eligible unless the preponderance of evidence in the application indicates otherwise. Sets procedures to facilitate access to health care for pregnant women including provision of an authorization letter, a listing of Medicaid physicians and health plans, referral to public health clinics for ineligible persons, and allowing qualified applicants to select or remain with the participating obstetrician of her choice. Specifies that obstetrical and prenatal care claims are to be paid at Medicaid fee-for-service rates if there is no contract between provider and managed care plan.

Sec. 1610. Provider Cost Report Grievance Procedure

Requires Department to provide a cost report grievance process for medical providers and payment within nine months following submission of cost reports.

Sec. 1611. Medicaid Payment in Full Provisions

Requires Medicaid payment rate to be accepted as payment in full, including payments from other third-party sources. Hospital Services payments for persons dually eligible for Medicare and Medicaid are to include capital payments in determining Medicaid reimbursement amount.

Sec. 1615. Medicaid Electronic Billing

Directs DCH to require enrolled Medicaid providers to submit billings electronically unless prohibited by law or regulation.

Sec. 1620. Pharmacy Dispensing Fee, Copayments, and Mail Order Drugs

Establishes the pharmacy dispensing fee at \$2.50 (\$2.75 for nursing home pharmacies) or the pharmacy's usual and customary charge, whichever is less. Specifies prescription copayments for Medicaid recipients of \$1.00 for a generic drug and \$3.00 for a brand-name drug except as prohibited by federal or state law or regulation. Requires availability of a voluntary mail order pharmacy program.

Sec. 1621. Drug Utilization Review and Disease Management

Authorizes drug utilization review and disease management systems with physician oversight and consultation with various medical provider groups. Prohibits therapeutic substitution.

Sec. 1621a. Disease Management Pilot Projects

Allows DCH to establish pilot projects to test the efficacy of disease/health management systems and use the savings in lieu of supplemental rebates to include the drug manufacturer's products on the preferred drug list.

Sec. 1623. Dispensing of Maintenance Drugs

Continues current Medicaid policy that allows for the dispensing of a 100-day supply for maintenance drugs and notice to medical providers regarding this policy. Requires dispensing medication in the quantity prescribed unless subsequent consultation with the physician indicates otherwise.

Sec. 1625. Atypical Antipsychotic Medications

Directs Department to continue placing all atypical antipsychotic medications on the Medicaid preferred drug list.

Sec. 1627. Drug Rebates for the State Medical Program and CSHCS Program

Authorizes Department to secure manufacturer drug rebates for participants in MIChild, MOMS, State Medical, Children's Special Health Care Services, and Adult Benefit Waiver programs that are equivalent to Medicaid rebates, and allows for preauthorization of drugs if rebates are not provided.

Sec. 1628. Medicare Part D Psychotropic Pharmacy Administration Committee and Study

Requires DCH to convene a committee to study implementation of psychotropic pharmacy administration under Medicare Part D for individuals dually enrolled in Medicare and Medicaid programs by April 2007; details committee representation; requires final report by September 30, 2007.

Sec. 1629. Maximum Allowable Cost (MAC) Drug Pricing

Requires DCH to base its MAC prices for generic drugs on pricing available from at least two wholesalers who deliver in Michigan.

Sec. 1630. Medicaid Podiatric, Dental and Chiropractic Services

Continues podiatric, adult dental and chiropractic services at not less than the level in effect on October 1, 2002. Prohibits restrictions on chiropractic services unless the recipient exceeds 18 visits within a year. Authorizes Department to implement bulk order purchasing of hearing aids, imposes limits on binaural hearing aid benefits and limits replacement of hearing aids to once every three years.

Sec. 1631. Medical Services Copayments

Requires copayments on dental, podiatric, chiropractic, vision, and hearing aid services unless prohibited by law or regulation. Specifies copayments of \$2 for a physician office visit, \$6 for a hospital emergency room visit, \$50 for the first day of an in-patient hospital stay and \$1 for an out-patient hospital visit.

Sec. 1633. Healthy Kids Dental Program Expansion

Requires DCH to expand Healthy Kids Dental program statewide if funds available specifically for this purpose.

Sec. 1634. Continuation of Ambulance Services Rate Increases

Requires continuation of FY 2000-01 5% increase in ambulance service payment rates and continuation of the FY 2005-06 ambulance mileage reimbursement rate increase of \$4.25 per mile.

Sec. 1635. Continuation of Medicaid Obstetrical Rate Increase

Requires continuation of FY 2005-06 allocation of \$6,910,800 between Physician Services and Health Plan Services appropriation lines for the increase of Medicaid reimbursement rates for obstetrical services.

Sec. 1636. Medicaid Physician Well Child and Primary Care Procedures Rate Increase

Provides \$23,874,800 between Physician Services and Health Plan Services appropriation lines for an increase in Medicaid reimbursement rates for physician well child procedure codes and primary care procedure codes. A report is required based on the affected procedure codes.

Sec. 1637. Personal Health Responsibility Agreement

Requires that all Medicaid recipients be offered the opportunity to sign a Medicaid personal responsibility agreement which contains various provisions regarding healthy behaviors.

Sec. 1641. Institutional Provider Costs Reports

Requires institutional providers to submit their cost reports within five months of the end of the fiscal year.

Sec. 1643. Psychiatric Residency Training Program

Allocates \$10,359,600 from Graduate Medical Education funds for a psychiatric residency training program if the universities involved provide the necessary allowable Medicaid matching funds.

Sec. 1647. Continuation of Graduate Medical Education Payments

Requires graduate medical education payments to hospitals at no less than the level of rates and payments in effect on April 1, 2005.

Sec. 1648. Automated Toll-Free Eligibility Verification Phone Line

Requires Department to maintain automated toll-free phone line for medical providers to verify Medicaid eligibility.

Sec. 1649. Breast and Cervical Cancer Treatment Coverage

Directs Department to establish breast and cervical cancer treatment coverage for uninsured women under age 65 and with incomes below 250% of the poverty level, pursuant to federal legislation.

Sec. 1650. Mandatory Managed Care Enrollment Requirement

Authorizes continuation of Medicaid managed care and assignment of recipients who do not select a provider. Requires notice of exception criteria to enrollment, the right to change plans, and complaint/grievance procedures. Specifies criteria for medical exceptions to mandatory managed care enrollment.

Sec. 1651. Hospice Services Under Medicaid Managed Care

Allows access to hospice services for Medicaid patients enrolled in health maintenance organizations.

Sec. 1653. Conditions for Implementation of Medicaid Managed Care Plans

Establishes conditions for implementing Medicaid managed care plans related to continuity of care, submitting HMO data for evaluation, health plan advisory council, and choice of plans and prohibits mandatory enrollment in non-metropolitan areas with only one HMO unless there is a choice of two or more physicians. Maintains voluntary enrollment in Children's Special Health Care Plan, and requires a budget neutral case rate adjustment for persons with AIDS and other high-cost conditions.

Sec. 1654. Reimbursement for HMO Covered Services

Requires Medicaid HMOs to pay for services by non-HMO providers if medically necessary, approved by the HMO, immediately required, and cannot be obtained through HMO providers on a timely basis. Services are considered approved if the authorization request is not responded to within 24 hours.

Sec. 1655. Twelve-Month Lock-In for HMO Enrollment

Allows for a 12-month lock-in to HMOs with good cause exceptions and allows recipients to change plans for any reason within the first 90 days.

Sec. 1656. HMO Expedited Complaint Review Procedures

Requires expedited grievance procedure for Medicaid recipients enrolled in qualified health plans and a toll free phone number to help resolve problems and complaints; requires annual reports on complaints and resolution.

Sec. 1657. HMO Reimbursement for Hospital ER Services and Solvency Standards

Requires reimbursement for emergency room services to screen and stabilize a patient without prior authorization by an HMO, and notice to the HMO regarding a patient's diagnosis and treatment within 24 hours of discharge; prior authorization by the HMO is required for further services beyond stabilization. Requires DCH to receive assurances from Office of Financial and Insurance Services that new Medicaid HMOS meet net worth and solvency standards prior to contracting with them.

Sec. 1658. HMO Contracts with Hospitals

Requires that HMOs shall have contracts with local hospitals; requires reimbursement to non-contracted hospitals at Medicaid fee-for-service rates; requires hospitals that do not contract with HMOs in their service area enter into a hospital access agreement as specified in a MSA policy bulletin.

Sec. 1659. Applicable Boilerplate Sections for Medicaid Managed Care

Specifies the Medical Services boilerplate sections that apply to Medicaid managed care programs.

Sec. 1660. Access to EPSDT, Well Child, and Maternal and Infant Support Services

Requires timely access to EPSDT services for children enrolled in Medicaid managed care programs; specifies primary care provider's responsibility to assure child's vision/hearing screening; requires local health departments provide preschool vision/hearing screenings and accept referrals; requires that HMOs provide EPSDT utilization data, well child visits, and maternal and infant support services as described in Medicaid policy; requires DCH to provide budget neutral incentives to improve performance related to care of children and pregnant women.

Sec. 1661. Prohibition on Prior Authorization for EPSDT and MSS/ISS Services

Requires timely access to Maternal/Infant Support services (MSS/ISS) and coordination with other state or local programs; prohibits prior authorization for EPSDT and MSS/ISS screening referrals and up to three MSS/ISS service visits.

Sec. 1662. Review and Analysis of HMO Performance, EPSDT and MSS/ISS Technical Assistance

Directs DCH to assure that an external quality review of each HMO is performed that results in an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services either contracted or directly provided to Medicaid beneficiaries; directs DCH to submit copies of the analysis of HMO HEDIS reports and annual external quality review report within 30 days; requires DCH to work with Michigan Association of Health Plans and Michigan Association for Local Public Health to improve EPSDT and MSS/ISS services, and assure that training and technical assistance are available for EPSDT and MSS/ISS.

Sec. 1666. System Changes Providing Timelier Inclusion of Newborns in Medicaid Eligibility File

Directs DCH to implement system changes to assure that within 30 days of birth newborns of health plan covered Medicaid mothers are included in Medicaid eligibility file and enrolled in the same health plan as the mother.

Sec. 1670. MICHild Program Eligibility

Specifies that funds appropriated for MICHild Program are to be used to provide health care to children under age 19 in families with income below 200 % of federal poverty level who have not had health insurance within six months of making application for MICHild benefits; health care coverage is to be provided through expanded Medicaid eligibility for children in families up to 150% of poverty and through a state-based private health care program for children in families between 150% and 200% of poverty. Allows DCH to provide up to one year of continuous eligibility for MICHild program unless family members no longer meet eligibility criteria or family fails to pay the monthly premium. Assures continuity of care for persons whose category of MICHild eligibility changes due to family income. Specifies income level and verification requirements to be used to determine eligibility for MICHild program. Requires DCH to contract with any qualified HMO, dental care corporation, health care corporation or other entity which offers to provide MICHild health care benefit at the capitated rate. Allows DCH to obtain certain MICHild services contractually through community mental health agencies.

Sec. 1671. MICHild Marketing and Outreach

Requires Department to continue a comprehensive approach to marketing and outreach of the MICHild program, and to coordinate such efforts with Department's existing outreach and marketing activities.

Sec. 1673. MICHild Premiums and Prohibition on MICHild Copayments

Allows Department to establish premiums for eligible persons above 150% of poverty level from \$10 to \$15 per month for a family and prohibits copayments under the MICHild program.

Sec. 1677. MICHild Benefits

Specifies the benefits to be covered by the MICHild program based on the state employee insurance plan.

Sec. 1680. Nursing Home Wage Pass-Through

Requires that previous payment increases for enhanced wages and new or enhanced employee benefits provided in previous years through Medicaid nursing home wage pass-through program be continued; requires that DCH not increase or decrease the Medicaid nursing home wage pass-through program in FY 2005-06.

Sec. 1681. Home and Community Based Services

Requires the Department and local waiver agents to encourage the use of family members, friends, and neighbors to provide non-medical home and community based services, where appropriate.

Sec. 1682. OBRA Nursing Home Enforcement Provisions

Authorizes DCH to implement federal nursing home enforcement provisions and receive/expend penalty money for noncompliance.

Sec. 1683. Dignity and Rights of Terminally Ill and Chronically Ill Patients

Requires Department to promote activities that preserve the dignity and rights of terminally ill and chronically ill individuals, including hospice care, pain management, and suicide prevention.

Sec. 1684. Home and Community-Based Services (HCBS) Administrative Expenses

Requires the continuation of the FY 2005-06 HCBS waiver program payment rate for administrative expenses be reduced by \$2.00 per person per day, and savings be reallocated to increase enrollment in waiver program; DCH will report by April 1, 2007 on number of nursing home patients discharged who are subsequently enrolled in HCBS waiver program, and associated cost savings.

Sec. 1685. Prospective Setting of Medicaid Nursing Home Payment Rates

Requires Medicaid nursing home payment rates to be set 30 days in advance of the facility's fiscal year, and to be based on the most recent cost report submitted.

Sec. 1686. Long Term Care Single Point of Entry Pilot Project

Requires Department to report by April 30, 2007, on the progress of four Medicaid long-term care single point of entry services pilot projects and expresses legislative intent that funding end for the single point of entry program on September 30, 2008.

Sec. 1687. Psychiatric Care for Alzheimer's Disease or Dementia

Authorizes DCH to contract with a stand-alone psychiatric facility to provide access to Medicaid recipients who require specialized Alzheimer's disease or dementia care. Facility must provide at least 20% of its total care to Medicaid recipients. Requires report to both legislative subcommittees on Community Health and fiscal agencies on effectiveness of the facility contract in improving quality of services to Medicaid recipients.

Sec. 1688. Personal Care Services Reimbursement Rate

Prohibits a limit on personal care services reimbursement under Medicaid Home and Community-Based Services program, but allows DCH to maintain aggregate per day client reimbursement cap for all services provided under the waiver program.

Sec. 1689. Home and Community Based Services

Gives priority in HCBS enrollment to nursing homes residents and those eligible for nursing homes, and requires screening to prevent unnecessary nursing home admissions. Directs DCH to transfer funds to the HCBS program for successfully moving persons out of nursing homes if there is a net reduction in the number of Medicaid nursing home days of care and a net cost savings attributable to moving persons out of nursing homes. Requires a quarterly report on HCBS allocations and expenditures by regions and net cost savings.

Sec. 1691. Adult Home Help Worker Wage Increase

Provides that all adult home help workers receive a wage of at least \$7 per hour effective October 1, 2006, and that workers employed by a county which paid those workers at least \$7 per hour as of July 1, 2006, shall receive a wage increase of 50¢ per hour.

Sec. 1692. Medicaid School-Based Services

Provides authorization for Medicaid reimbursement of school-based services.

Sec. 1693. Special Medicaid Reimbursement Payments Increase

Allows for an increase in Special Medicaid Reimbursement payments if a Medicaid state plan amendment for such payments above the appropriated level is submitted.

Sec. 1694. Allocation to Children's Hospitals

Authorizes distribution of funds to children's hospitals with high indigent care volume for poison control services.

Sec. 1697. Local Match Funds for School-Based or School-Linked Services

Allows Department to utilize school district funds received from a health system as state match for federal Medicaid or children's health insurance program funds to be used for new school-based or school-linked services.

Sec. 1699. Disproportionate Share and Graduate Medical Education (GME) Payments

Authorizes separate payments for hospitals serving a disproportionate share of indigent payments and those hospitals providing GME in the amount of \$50.0 million.

Sec. 1701. Provider Access to Medicaid Recipient Benefits Information

The Department shall make available to Medicaid providers and HMOs, at no charge, an online resource that will list enrollment and benefits information for each Medicaid recipient.

Sec. 1710. MIChoice Home and Community Based Services

Requires DCH to report proposed changes in MIChoice home and community based services waiver program screening process to House and Senate Appropriations Subcommittees on Community prior to implementation.

Sec. 1711. Medicaid Two-Tier Case Rate for Emergency Services and Emergency Room Observation Rate

Requires continuation of a two-tier Medicaid case rate for emergency physician charges, and that payments by case and aggregate not exceed 70% of Medicare rates. Requires the Department to encourage each Medicaid HMO to create a criteria-based emergency room observation rate for Medicaid eligibles.

Sec. 1712. Rural Health Initiative

Subject to availability of funds, requires DCH to implement a rural health initiative with funds to be first allocated to a rural outpatient hospital adjustor, and secondly, for defibrillator grants, EMT training, or other similar programs.

Sec. 1713. Study on Dentist Participation in Medicaid

Requires Department to perform a study on the level of participation by licensed dentists in Medicaid program by April 1, 2007, that includes recommendations to reduce or eliminate barriers to participation.

Sec. 1716. Adult Benefits Waiver Enrollment Level

Requires Department to seek to maintain a constant enrollment level within the Medicaid Adult Benefits Waiver program through FY 2006-07.

Sec. 1717. Disproportionate Share Payments to Hospitals (DSH)

Increases DSH funding by \$5.0 million and requires distribution of DSH funds through two separate pools; first pool would distribute \$45.0 million based on methodology in FY 2003-04; remaining \$5.0 million would be allocated to hospitals that received less than \$900,000 in DSH payments in FY 2003-04 based on each hospital's Medicaid revenue and utilization.

Sec. 1718. Adult Home Help Review Process

Authorizes Medicaid adult home help beneficiaries to request a departmental review of any decisions that may adversely affect their access to home help services.

Sec. 1720. Medicare Recovery Program

Directs Department to continue its Medicare recovery program.

Sec. 1721. Medicaid Financial Eligibility For Long-Term Care Patients

Requires review of Medicaid eligibility requirements for long-term care patients related to prepaid funds that are subsequently returned to individuals who qualify for Medicaid.

Sec. 1722. Medicaid Disproportionate Share Payment

Specifies DSH payment amount to be paid to Hutzel Hospital.

Sec. 1724. Injectable Drugs for Respiratory Syncytial Virus

Directs DCH to allow pharmacies to purchase injectable drugs for treatment of respiratory syncytial virus for shipment to physician's offices; allows Medicaid reimbursement for dispensing and administration if patients are eligible.

Sec. 1725. Medicaid Eligibility Error Rate Reduction

Requires Department to implement a plan, and detail the plan in a report, on how it will reduce Medicaid eligibility errors related to basic eligibility requirements.

Sec. 1726. Creatinine Test Reporting by Clinical Laboratories

Requires clinical laboratories performing a creatinine test to report the glomerular filtration rate (eGFR) as a percent of kidney function remaining for Medicaid beneficiaries.

Sec. 1728. Lifting and Transferring Devices for Medicaid Recipients

Requires Department to make available to Medicaid recipients, not based on Medicare guidelines, freestanding, electric, lifting and transferring devices.

Sec. 1731. Medicaid Asset Test

Requires Department to establish Medicaid eligibility asset test for optional parents/caretaker relatives and 19 and 20 year olds. Excludes coverage for 19 and 20 year olds whose parent or legal guardian has health care coverage or access to health coverage.

Sec. 1732. Nursing Home QAAP Modification Assurance

Assures that nursing home reimbursement rates will not be reduced to achieve GF/GP savings if proposed modifications to the quality assurance assessment program for nursing homes are not implemented.

Sec. 1733. Federal Funds for Electronic Prescribing and Health Information Technology Initiatives

Requires the Department to seek federal funds to permit the state to provide financial support for electronic prescribing and other health information technology initiatives.

Sec. 1734. Medicaid Recipients Healthy Behavior Incentive Program

Requires the Department to seek federal funds that will permit the state to provide financial incentives for positive health behavior practiced by Medicaid recipients.

Sec. 1735. Durable Medical Equipment Contract Savings

Requires the Department to establish a committee to identify possible Medicaid program savings associated with the creation of a preferred provider program or an alternative program for durable medical equipment, prosthetics and orthotics; to involve providers who can offer a broad statewide network of services and who are accredited by the Joint Commission On Accreditation of Healthcare Organizations and the American Board of Accreditation; identifies organizations which will have representation on the committee; and requires a report on anticipated savings from contracting opportunities.

Sec. 1738. Medicaid Disproportionate Share (DSH) Cap Increase

Requires the Department to explore ways of increasing the federal cap for DSH payments. If successful in raising the cap, the Department should consider additional DSH funding for county health plans and for trauma centers.

Sec. 1739. Health Plan Outcome Target Bonus Payments

Requires the Department to determine the 10 most prevalent and costly ailments affecting Medicaid recipients and to establish medical outcome targets for each of those ailments, making bonus payments available to Medicaid HMOs that meet these outcome targets.

Sec. 1740. Graduate Medical Education Funds Distribution

Requires assurance from the Department that all GME funds are promptly distributed to hospitals using a methodology developed in consultation with the graduate medical education advisory group; mandates the representation of the advisory group; and stipulates the distribution methodology if the department and the advisory group are unable to reach a consensus.

Sec. 1741. Nursing Home Interim Payments

Requires the Department to continue to provide nursing homes the opportunity to receive interim payments upon their request and that that these payments are as similar to expected cost-settled payments as possible.

Sec. 1742. Hurley Medical Center Special Financing

Requires the Department to allow the retention of \$1,000,000.00 in special Medicaid reimbursement funding by any public hospital that meets certain criteria. Only Hurley Medical Center meets the criteria.

Sec. 1746. Medicaid Personal Care Supplement

Requires the Department to increase the monthly Medicaid personal care supplement on October 1, 2006, by \$10.00.

Sec. 1747. Adult Home Help Service Coordination

Conditions that reimbursement for adult home help services requires that the matching of adult home help providers with service recipients be coordinated by the local county department of human services.

Sec. 1749. Standard Billing Formats for Health Plans

Mandates that the Department shall require all Medicaid health plans to use the same standard billing formats starting September 30, 2007.

Sec. 1751. Establishment of DRGs Based on Fee-For-Service and Health Plan Costs

Requires the Department to provide a report by April 1, 2007, on establishing Medicaid diagnosis related group rates based on fee-for-service and health plan costs.

Sec. 1752. Sharing of Third Party Liability Information With Health Plans

Requires the Department to provide Medicaid health plans with any information that may assist the health plan in determining whether another party may be responsible for the payment of health care benefits.

Sec. 1753. Auto Insurer Health Care Claim Information

Requires the Department to obtain data from auto insurers on insurance payouts for health care claims, propose legislation if the auto insurers do not voluntarily release the information, and provide the information received to Medicaid health plans.

Sec. 1756. Medical Management of High Cost Medicaid Beneficiaries

Requires the Department to establish and implement by March 1, 2007, a specialized case management program to serve the most costly Medicaid beneficiaries who are not enrolled in a health plan and are noncompliant with medical management. The case management program shall provide a performance payment incentive for physicians, it may include contractual arrangements with Medicaid HMOs for the provision of specialized case management services, and the contracts may require collection of data related to Medicaid recipient compliance.

Sec. 1757. Medicaid Applicants Proving Legal Residence

Requires the Department to direct the Department of Human Services (DHS) to require Medicaid applicants to prove that they are residing legally in the United States.

Sec. 1758. Emergency Services Only Medicaid Benefit Eligibles

Requires the Department to provide a report by April 1, 2007, on the number of individuals who receive the emergency services only Medicaid benefit and the annual amount of expenditures on this population.

Sec. 1759. Federal Deficit Reduction Act Policy Changes

Requires the Department to implement certain policy changes included in the Federal Deficit Reduction act of 2005. They are: lengthening the look back policy for asset transfers, changing the penalty period to begin the day an individual applies for Medicaid, including a home equity threshold for Medicaid eligibility, to utilize Michigan's Medicaid False Claims Act to collect fraudulent Medicaid claims.

Sec. 1760. Health Information Technology Grant Applications

Requires the Department to identify and apply for federal and private grant funding for health information technology efforts, with a specific application to be made for Medicaid Transformation grant funds made available in the Federal Deficit Reduction act of 2005.

Sec. 1761. Hospital QAAP Distribution of Payments Exceeding Upper Payment Limit

Requires the Department to distribute Medicaid access to care initiative payments (MACI) that exceed hospitals upper payment limits to hospitals that meet certain conditions, most likely rural hospitals.

Sec. 1762. Internet-Based Workflow Management Tool

Requires the Department to adopt an Internet-based workflow management tool to streamline Medical Services administrative functions.

Sec. 1763. Electronic Exchange of Health Information Pilot Project

Requires the Department to participate in a pilot project in Southeast Michigan related to the electronic exchange of health information. The project will be competitively bid.

Sec. 1764. Actuarial Soundness Certification of Medicaid Health Plan Rates

Requires the Department to annually certify that rates paid to Medicaid health plans are actuarially sound and to notify the House of Representatives, the Senate, and the fiscal agencies immediately upon rate certification and approval.

Sec. 1767. Pharmacist Payment Report

Requires the Department to evaluate and produce a report on the impact of the change in which the Medicaid program pays pharmacists for prescriptions from average wholesale price to average manufacturer price.

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